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DIRECTOR

November 6, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive, Room 528  
Alexandria, Virginia 22302

GSA-19

Dear Ms. Daniels:

Thank you for this opportunity to comment on the USDA-FNS 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages: Proposed Rule. Michigan supports the long awaited rule that updates the food packages offered to the many vulnerable mothers and children receiving WIC services. The methodology used to develop the recommendations is commendable. A scientific, evidence based approach makes the recommended food packages highly supportable and clearly understandable, while embracing the opportunity afforded to advance the most current recommendations for healthy eating in women and young developing children across a vast portion of our population. These recommendations offer WIC nutrition professionals tools to reinforce current nutrition education messages.

The Proposed Rule makes a significant effort to address our culturally diverse population, in the midst of health disparities that exists between racial groups. The wider variety of foods allows options that afford greater acceptability of valuable nutrient rich foods. This new food package provides an opportunity to reduce the level of disparity that exists for nutritional health.

We suggest that USDA hold regional meetings to encourage state agency sharing of ideas and methods for implementation of this food policy rule.

Thanks again. We would appreciate implementation of this rule as soon as possible. These comments were submitted to the email address included in the Rule.

Sincerely,

A handwritten signature in black ink, appearing to read "Alethia Carr".

Alethia Carr, MBA, RD  
Director  
Michigan WIC Program

**Michigan Response to USDA-FNS 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages: Proposed Rule**

Michigan offers the following comments on the Proposed Rule –

**A. Participant Categories**

**Breastfeeding Women and Infants**

1. Implement the rule for fully breastfeeding, partially breastfeeding, and fully formula feeding packages concurrently, without the proposed pilot. The food packages recommended offer significant incentive to women interested in fully breastfeeding. To delay the implementation of these packages, will not only delay the availability of these incentives nationally, but will also delay the opportunity provided to increase the number of breastfeeding women opting to fully breastfeed their infants. Delaying implementation negates the importance of breastfeeding as an optimum infant feeding option.
2. We further support the recent NWA recommendation to allow states the option of giving mothers of fully breastfed infants one can of powdered formula in the 1<sup>st</sup> month, when the WIC professional feels this is appropriate. The VENA approach to participant education will offer the WIC professionals a skill set to better address issues related to fully breastfed infants that will support women who are striving for success in their efforts to breastfeed their infants.
3. We further support the recommendation to capture the number of partially breastfeeding women in the WIC participation reporting. This will offer a more accurate picture of the profile of our WIC families (mother/infant dyad). This gives WIC professionals the opportunity to continue to offer other Program benefits, such as nutrition education, and appropriate service referral, which help to better support and restore mother's health status.
4. We agree with NWA and IOM to add \$2 to the cash voucher for fruits and vegetables bringing the total to \$10 instead of \$8. This is an extra incentive to breastfeed.
5. We agree with the principal of increasing the canned fish as a source of protein. In view of mercury contamination and fish allergies, suggest the following:
  - a. Replace one can of the fish with canned chicken, if nutritionally equivalent and cost neutral
  - b. Provide canned chicken as a full replacement to fish when medical documentation supports allergy to fish.
6. The recommendations are generally supportive of breastfeeding; however, phasing in the changes presents unnecessary delays and will discourage breastfeeding. We suggest unilateral implementation of the breastfeeding food packages.
7. We strongly support the effort to provide baby food fruits, vegetables and meats in quantities that provide incentive to continue breastfeeding.
8. *Partially breastfed infant:* We strongly support the reduction in the quantity of formula available for the partially breastfed infant.

**Infants & Children (Page 44808 Item U. 4)**

1. For infants, we suggest implementation of all proposed changes to the infant package in a one year to 18 months transition rather than the current proposal. We encourage forgoing the proposed pilot.
2. Requiring WIC state agencies to “coordinate” with other Federal, state, local government agencies or private agencies for exempt infant formula. We suggest that this is not possible at

this time due to protecting participant identities, release of information issues and other agency cooperation issues

## **B. Food Product Packaging**

There are some unwieldy issues related to rounding that suggest one volume of an item one month and a different one the next. This could prove confusing to participants and viewed as discriminatory by WIC mothers. If states must provide maximum packages and choose to not round up are they in violation of not providing the maximum package? For example, Michigan provides 904 oz Pediasure per month but the participant is never able to purchase this amount because of packaging and the federal maximum. States should be allowed some flexibility since product packaging may have additional changes in the future. We recommend that states be given an alternative solution to the rounding up methodology for infant formula that allows consistency in the number of cans of formula provided.

### **Dairy and Soy (Page 44796 Item C)**

1. Because of mixed scientific messages about the efficacy of soy products from infancy or early childhood related to estrogenic effects, we encourage maintaining the need for a doctor's prescription when allowing soy products for infants and/or children.<sup>1 2 3 4 5 6</sup>
2. Michigan also recommends that an alternative maximum nutrient standard for soy beverages be established. There are no calcium fortified soy beverages in the current marketplace that meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. Michigan recommends that the specifications for protein and potassium in calcium-fortified soy beverages follow the FDA and industry standards for protein at 6.25 grams minimum and for potassium at 250 milligrams per 8 ounce serving. Fruits and vegetables contribute to the food packages' potassium content and protein is no longer a priority nutrient, so this adjusted specification will not affect the nutritional needs of participants receiving soy beverages as a milk alternative.

### **Whole Grain Breads & Cereal**

1. Page 44799 Item I. 1 Whole grain bread - (min. 51%). State to determine types and brands. Current commercial packaging of bread does not support a 1# bread benefit. We suggest designating the benefit by loaf or some other available unit not to exceed 26 oz. It is important that the Final Rule be mindful of packaging available in the marketplace. According to the Whole Grains Council, 56% of the whole grain bread on the market is in 24 oz loaves, 26% is in 20 oz loaves.

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<sup>1</sup> 1998 Am J Clin Nutr 68 (6 Suppl):1453S-1461S. Satchel KD, Zimmer-Nehemiah L, CIA J, Hub JE. Isoflavone content of infant formulas and the metabolic fate of these phytoestrogens in early life.

<sup>2</sup> 1997. Lancet. 350(9070):23-7. Setchell KD, Zimmer-Nehemias L, Cai J, Heubi JE. Exposure of infants to phytoestrogens from soy-based formula.

<sup>3</sup> 1998 Proc Soc Exp Biol Med 217(3):247-253. Irvine CH, Fitzparick MG, Alexander SL. Phytoestrogens in soy-based infant foods: concentrations, daily intake, and possible biological effects

<sup>4</sup> 2004. Annu Rev Nutr. 24:33-54. Chen A, Rogan WJ. Isoflavones in soy infant formula: a review of evidence for endocrine and other activity in infants.

<sup>5</sup> 2003. Cochrane Database Syst Rev. (4)CD003664. Osborn DA, Sinn J. Formulas containing hydrolyzed protein for prevention of allergy and food intolerance in infants.

<sup>6</sup> 2003. Acta Paediatr Suppl 91(441):93-100 Miniello VL, Moro GE, Taratino M, Natile M, Granieri L, Armenio L. Soy-based formulas and phyto-oestrogens: a safety profile.

2. Whole grain labeling does not easily lend itself to consumer selection of whole grain products or to nutrition professional giving sound advice. It would be helpful to periodically have a list of the products that are approved as meeting the whole grain requirement.
3. To not be overly restrictive in the cereals available and allow for popular cereals such as corn flakes, hot cereals such as Cream of Wheat, and cereals for allergies such as Rice Chex, we suggest that states have 75% of their authorized cereals meet the whole grain criteria and that 25% of the cereals simply meet the iron and sugar requirements but not the 51% whole grain requirement. This may help ensure adequate acceptable options for participant's choice.

#### **Fruits/Vegetables (Including Juice)**

1. We support the need for states to have the flexibility to determine the criteria for vendor selection related to fruit and vegetable food items, within the scope of the proposed minimum of 2 varieties.
2. It is also suggested that USDA explore currently available options supported by technology for issuing benefits for fruits and vegetables as a cash value.
  - a. States involved in WIC EBT offer one potential delivery method and will benefit from the completion of the National UPC Table. The national UPC database will be utilized to identify the specific brands of foods that meet the minimum federal guidelines; Michigan will then determine if these foods will be authorized for redemption by our participants.
  - b. EBT for the Food Stamp Program offers another potential benefit delivery vehicle, since it is based on a designated dollar benefit, as proposed for the WIC fruits and vegetables. The open system stored value card with magnetic stripe and open loop is an example of this suggestion. Both of these methods for making these nutritionally valuable foods available afford participants extensive flexibility for maximum utilization of these benefits.
3. Offering states guidance for the use of fruit and vegetable benefit delivery methods may help reduce expenditures related to implementation of this valuable food benefit.
4. Page 44797 Item E. 3 – Suggests “cash value” food instrument for fruits and vegetables. Can varieties purchased (canned, frozen, and fresh) be combined? USDA needs to offer more guidance about participants ability to purchase mixed forms of fruits and vegetables.
5. Page 44802 Item N. Juice – for the maximum 144, 128, 96 fluid ounces. These fluid ounce amounts for juice do not consider what is available in current packaging. There is no easy way using 46 oz. container size to meet these maximum monthly ounce allowances. May have to use 64 oz. for the child package, etc., if we must have a package with maximum ounces. We suggest 138 or 92 max. fluid ounces be allowed or a range of ounces for the maximum. This packaging maximum would be short 1 ¼ servings per adult participant per month and in excess by 1.4 servings per child participant per month, but would facilitate providing juice to participants. Consider size of packaging and the burden for states that authorize juice in 46 oz cans and bottles. 128 oz is problematic because participants can only purchase 2 containers of juice and would miss out on 36 oz juice a month or 6-9 servings. A table has been attached that better illustrates our recommendations.
6. Page 44849 Table 12 Common vegetables -- Selection of fruit and vegetables in food packages should be based on price and availability in a state/location

#### **C. Farmers' Markets**

When WIC offices and other participating organizations, including the farmers and farmers' markets themselves, provide nutrition education information and activities to WIC recipients, the value of the FMNP vouchers is enhanced and the long-term consumption of fresh fruits and vegetables is more

likely to occur. Just as farmers' markets have brought fresh produce to economically distressed communities, the FMNP has brought more socially and economically disadvantaged families to farmers' markets.

We support the proposed regulations, especially the provision that makes farmers' markets eligible WIC vendors. We suggest that USDA "Do no harm" to the WIC Farmers' Market Nutrition Program. Do not reduce FMNP funding or establish procedures that would adversely affect its operation or effectiveness.

1. If farmers are allowed to accept WIC coupons it should only be for fruit and vegetable benefits. We would encourage that farmers' markets be allowed to participate as seasonal vendors.
2. If farmers are allowed to accept FMNP and WIC vouchers/coupons, the state agency should be allowed to enter into one contract that includes the requirements for WIC vouchers for fresh fruits and vegetables. This would make more sense than requiring the state agency to enter into an FMNP contract and a WIC contract with the same farmer.
3. If FMNP farmers are allowed to accept WIC food instruments for fruits and vegetables they should be held to the regulations of FMNP and not the WIC program vendor regulations.
4. State agencies should be allowed to limit WIC participants as follows: If the participant chooses to redeem her WIC fruit and vegetable vouchers at a participating farmer, the participant must purchase only fresh fruits and vegetables that qualify under the FMNP regulations (locally grown, fresh fruits and vegetables). This would make it much less confusing for farmers and participants because there would only be one standard.
5. State agencies should be allowed to require that a farmer accept both FMNP and WIC fruit and vegetable vouchers or neither.
6. States should have the discretion to set the denomination of fruit and vegetable instruments (i.e. \$1.00, \$2.00 or other denominations; change or no change, etc).

#### **E. Consideration for States Currently Implementing a System Upgrade**

Michigan fully supports implementation of the proposed rule in a reasonably expeditious manner. However, we are in the process of upgrading our WIC management information system.

Acknowledging that the system changes required to implement this rule will take at least 18 months, it is also important to allow states in the midst of major system changes, such as a system replacement, to have a transition to the new food package which supports their system upgrade schedule, if it can occur within a reasonable time window.

From a systems standpoint, the biggest issue by far for Michigan is consideration of a proposed recommendation to exempt states from the 6 month/1 year implementation time frame when they are in the process of developing a new certification or piloting a new EBT system. Michigan, of course, is doing both. If the implementation time period begins with the adoption of the final rule, maybe as early as next Spring, Michigan could be required to modify or develop IT solutions in 3 separate systems simultaneously; M-TRACX (coupons), M-TRACX (EBT), and the new system. This would impact staff resources, probably delay work plans, have considerable cost implications, etc.

The modifications to Michigan's system would be extensive, requiring changes to almost all food packages (tailored and standard), many system processes (prorated package algorithm, age categories for specific packages, voucher \$\$), EBT Cat/Sub Cat and possible database resizing (significant increase in coupon types).

Unless Michigan is given permission to alter their start date, we would be in a position of having to make major changes to a system that will be obsolete in less than a year, at considerable cost in both

staff time and money, which seems counter productive to the many efforts that currently exist for cost containment. There may be several states across the country in similar situations that would need flexibility in the required implementation time line, because of current activities to replace their WIC program system.

For all other states, it still seems that at least 1 year from the date of the final regulations would be needed to make the necessary system changes for this complex and comprehensive food package revision.

Michigan might need the ability to phase food changes in, perhaps even before the rule is final. Because our EBT project will be implemented in geographic phases, we might need the ability to mimic these phases in food package implementation. Please allow states on a state-by-state basis to implement this food rule according to major changes currently being undertaken in the state WIC program.

#### **F. General Comments**

1. We are delighted to see the addition of bread, whole grain, fruits and vegetables, canned beans and soy products. Our participants will be very pleased because they have been requesting these products on our participant surveys for some time. While it creates added burden for participants, we feel it is prudent to have the soy product benefit for children be by physician prescription. Like aspartame, we still do not know the long-term consequences of using soy from infancy.
2. We suggest USDA provide eighteen months to implement after final regs are approved. States need adequate planning and lead time to change all printed material, make system/food package changes, etc.
3. Eighteen months will allow time for vendor education and stocking issues such as minimum stock requirements. This will also allow time to educate clients and all stakeholders.
4. Page 44806 Item T. Criteria for foods – related to cost, availability and participant appeal are good factors to consider. Thank you.
5. Page 44807 Item U. Revision will have substantial change on all aspects of WIC. Provide comments on scope of admin burden – For Michigan this is one of the biggest changes to WIC in over twenty years, and it impacts all WIC stakeholders.
6. Please include flexibility to states undergoing systems changes to make some changes early, and phase in others. Some changes can be made in the “old” system without major programming, but other changes will be more complex. Michigan would like the flexibility to make cost-effective decisions for implementation in phases.
7. We would like to suggest this rule be finalized as quickly as possible and rather than piloting parts of the rule before implementation, an evaluation be done in 5 years to determine if there are issues that need adjusting.
8. Please clarify if the Proposed Rule will establish any new reporting requirements for state agencies.

Michigan Juice Options  
Juice options—see page 2 for notes.

Package type	Max. juice oz./day	Cans non-frozen concentrate/reconstituted volume (11.5 x 4 = 46)	Cans frozen concentrate/reconstituted volume (12 x 4 = 48)	Cans 46 oz. single strength	Cans 64 oz. single strength
Child	128 oz. (4.3 oz./day)	2.78 cans (this means that only 2 cans could be purchased, which reconstitutes to 92 oz. (36 oz. could not be purchased) 144 oz. would allow purchase of 3 cans.	2.67 cans (this means that only 2 cans could be purchased, which reconstitutes to 96 oz. (32 oz. could not be purchased) 144 oz. would allow purchase of 3 cans.	2.78 cans (this means that only 2 cans could be purchased, which reconstitutes to 92 oz. (36 oz. could not be purchased) 144 oz. would allow purchase of 3 cans.	2 bottles= 128 oz.  All 128 oz. can be purchased; however, food safety is an issue due to length of time bottle is open for consumption.
Fully BF women + pregnant women with twins	144 oz. (4.8 oz. per day)	144 oz. would allow purchase of 3 cans.	144 oz. would allow purchase of 3 cans.	144 oz. would allow purchase of 3 cans.	144 oz. would allow 2.25 cans, so 2 cans could be purchased. (16 oz. could not be purchased)
Fully bf women with twins (1.5 times)	216 oz. (7.2 oz. Per day)	4.7 cans, so 4 cans could be purchased = 184 oz. (32 oz. could not be purchased).	4.5 cans, so 4 cans could be purchased = 192 oz. (24 oz. could not be purchased.)	4.7 cans, so 4 cans could be purchased = 184 oz. (32 oz. could not be purchased)	3.375 cans, so 3 cans could be purchased = 192 oz. (24 oz. could not be purchased)
Preg. & partial bf women	144 oz. (4.8 oz. per day)	144 oz. would allow purchase of 3 cans.	144 oz. would allow purchase of 3 cans.	144 oz. would allow purchase of 3 cans.	144 oz. would allow 2.25 cans, so 2 cans could be purchased. (16 oz. could not be purchased)
Postpartum women (FP VI)	96 oz (3.2 oz. per day)	2.1 cans, so 2 cans could be purchased = 92 oz. (4 oz. could not be purchased)	2 cans could be purchased= 96 oz.	2.1 cans, so 2 cans could be purchased = 92 oz. (4 oz. could not be purchased)	1.5 cans, so 1 can could be purchased = 64 oz. (32 oz. could not be purchased)

It appears that the levels that allow the most flexibility and the purchase of most of the juice are the 144 and 96 ounce levels. These work fairly well for the purchase of frozen and shelf-stable concentrate, and 46 oz. cans and bottles. They are less favorable for the 64 oz. size.

The experience in Michigan is that the most economical juices are the concentrates, which work best in the 144 and 96 ounce levels, for both the 11.5 and 12 oz. sizes. It is not feasible to offer multiple sizes of juice containers due to variable price and limitations in food package messages allowed in our system. In some instances above, "32 oz." would be left over, and could conceivably be purchased; however, the 32 oz. containers are higher cost per ounce, and would be difficult to offer in our current system in addition to the concentrates and 46 oz. single strength. Once EBT is statewide, we may be able to restructure our food packages and food items and offer a total number of ounces of juice so that sizes could be mixed; however, that would not alleviate the higher pricing for the 32 oz. containers or smaller frozen containers.



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November 2, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

GSA-20

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

Thank you for the opportunity to comment on revisions in the WIC Food Packages Proposed Rule. The Wisconsin WIC Program strongly supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. This proposal represents the most significant change to the food packages in over thirty years and will provide millions of mothers and children with WIC's positive nutritional support. The following highlights the Wisconsin WIC Program's support and recommendations related to this rule:

**Consistent with Current Dietary Science**

The proposed rule is based on the latest nutrition science and will give WIC mothers and children the opportunity to follow diets consistent with current nutrient and food intake recommendations. It will also provide WIC nutrition education professionals the appropriate tools to reinforce WIC nutrition education messages.

The proposed rule supports exclusive breastfeeding for the first six months and is consistent with the dietary guidance from the American Academy of Pediatrics for children under two years of age. The elimination of fruit juice for infants, the decrease in fruit/vegetable juice for children, and the addition of complementary foods for infants starting at six months of age are in alignment with the recommendations of the American Academy of Pediatrics.

The proposed food packages are consistent with the *2005 Dietary Guidelines for Americans* by providing fruits and vegetables for participants 6 months of age and older, milk and cheese in reduced quantities, and other food items with reduced fat content.

The proposed amount of milk offered in most of the food packages closely follows the *Dietary Guidelines* recommendation for daily milk intakes. While the proposed food packages for all women provide slightly less than the recommended amount of milk, the amounts of calcium offered in these food packages still exceed the Adequate Intake (AI) for this nutrient for all but 2% of this population.

The proposed rule calls for the use of low fat milk in replacement for whole milk. This modification would lower the total saturated fat and cholesterol content of the food packages.

The proposed rule is also consistent with the *Dietary Guidelines* recommendation to replace refined grains in the diet with whole grains. Consumption of whole grains is associated with 1). reducing the risk of coronary heart disease, type 2 diabetes, and digestive system and hormone-related cancers, 2). assisting in maintaining a healthy weight status, and 3). increasing dietary fiber.

### **Appeal to Culturally Diverse Populations**

Studies show that lactose maldigestion and low cultural acceptability have been associated with low consumption of dairy products among African American and Asian WIC participants. The proposed rule includes a wider variety of foods to increase cultural acceptability and intake of nutrients by offering fortified soy milk and tofu as alternative sources of calcium and vitamin D, canned salmon or sardines as an alternative to canned light tuna, and canned beans as a dried legume alternative.

The variety of whole grain choices proposed addresses the nutritional needs and preferences of the culturally diverse WIC population. These include iron-fortified whole-grain cereals, whole grain breads, and other whole grain foods such as brown rice, soft-corn tortillas and bulgur.

### **Updated Priority Nutrients**

Research by the Institute of Medicine (IOM) WIC Food Package Committee indicated that the target nutrients provided by the current food packages are no longer valid. Rather, the IOM identified a new set of priority nutrients for each of the WIC participant categories. The proposed food packages address these priority nutrients.

## **Wisconsin WIC Program's Recommendations for Changes to the Proposed Rule**

### **Breastfeeding Women and Infants**

#### **Recommendation (High Priority)**


Implement fully breastfeeding, partially breastfeeding and fully formula feeding woman's food packages concurrently without the pilot phase.

#### **Rationale**

The concept of a test period for introducing the partially breastfeeding food packages may seem reasonable, but the delay in implementation, which would be over three years, is unacceptable. The Wisconsin WIC Program believes that the fully formula feeding package will have significantly more appeal to mothers than the current partially breastfeeding package. With the delay in implementation of this package, we believe that many women will simply choose to formula fed.

#### **Recommendation (High Priority)**

Give States the option to provide the breastfeeding infant up to two cans of powdered formula in the first month as recommended in the IOM report. States



would establish criteria under which infant formula may be provided in the first month and incorporate it into their existing breastfeeding policies and procedures.

**Rationale**

With a policy of no formula provided to breastfeeding mothers in the first month, breastfeeding initiation rates would decrease. Many WIC mothers lack confidence in their ability to produce a sufficient milk supply and many need to very shortly return to work or school – these moms will not attempt to breastfeed if not given an option to receive formula.

To establish and maintain exclusive breastfeeding for the first month after birth would take more than an enhanced maternal food package. Mothers need both prenatal and postpartum face-to-face time with trained breastfeeding counselors. For situations beyond the scope of peer counselors, mothers need access to lactation consultants with the IBCLC credential. In Wisconsin, less than 10% of our local WIC projects have a lactation consultant with an IBCLC credential. Some of our local WIC projects have just started a peer counseling program with a limited amount of funds (\$5,000-\$6,000/per project in 2006). Infrastructure and funding to provide enhanced breastfeeding services (e.g. peer counseling and consultation with lactation experts) are either minuscule or absent.

Research shows that agencies with better initiation and duration statistics typically offer breastfeeding classes, one-on-one prenatal counseling, telephone contacts, on-call services, and hospital visits.<sup>1</sup> There is a direct link between resources committed to breastfeeding and breastfeeding outcomes. Hospital based bed-side support has been shown to be an effective intervention for increasing breastfeeding initiation.<sup>2</sup> In a study of Mississippi WIC clinics, the incidence of breastfeeding rose from 12.3% to 19.9% in those clinics with peer counseling programs. The peer counseling program significantly increased the incidence of breastfeeding, especially in clinics with lactation specialists and consultants. Success can be enhanced by ensuring that peer counselors spend a greater length of time with the participants.<sup>3</sup>

**Fully Formula-Fed Infant Packages**

**Recommendations (Medium Priority)**

Set the maximum allowed infant formula for fully formula-fed infants 4-8.9 months of age at 884 fl oz reconstituted liquid concentrate or 896 fl oz RTF or 960 fl oz reconstituted powder. Set the maximum allowed infant formula for fully

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<sup>1</sup> Food Assistance: Activities and use of nonprogram resources at six WIC agencies. GAO/RCED-00-202, September 2000

<sup>2</sup> Ahluwalia IB, Tessaro I, Grummer-Strawn LM, et al. Georgia's breastfeeding promotion program for low-income women. *Pediatr* 2000; 105:e85

<sup>3</sup> Grummer-Strawn LM, Rice SP, Dugas K, et al. An evaluation of breastfeeding promotion through peer counseling in Mississippi WIC clinics. *Matern Child Health J* 1997; 1:35-42

formula-fed infants 9-11.9 months of age at 624 fl oz reconstituted liquid concentrate or 640 fl oz RTF or 696 fl oz reconstituted powder.

#### **Rationale**

The Proposed Food Rule maximum formula amounts for fully formula-fed infants 6-11.9 months of age are too low to meet the formula intake needs of most fully formula-fed infants age 6-8.9 months on WIC. The Proposed Food Rule maximum would only provide ~21 fl oz formula/day (reconstituted liquid concentrate) for infants age 6-11.9 months. Infant feeding guides for WIC infants list an average intake of 24-32 oz/day for fully formula-fed infants age 6-8 months (e.g.,

[http://www.nal.usda.gov/wicworks/Sharing\\_Center/NJ/infant%20feeding%20guide.pdf](http://www.nal.usda.gov/wicworks/Sharing_Center/NJ/infant%20feeding%20guide.pdf)). Infants age 6 months may be just starting complimentary foods and not able to consume them in sufficient quantities to reduce their intake of formula until they are older. Infants with special health care needs may not be able to consume complimentary foods at 6 months or be ready for them until they are older and would benefit from an increase in the maximum amount of formula for infants age 4-8.9 months. The recommendation to set the maximum allowed infant formula for fully formula-fed infants 9-11.9 months of age at 624 fl oz reconstituted liquid concentrate would provide ~21 oz of formula/day (reconstituted liquid concentrate) when infants are older and their intake of complimentary foods may be more established.

### **Fruits and Vegetables**

#### **Recommendation (Medium Priority)**

Provide an additional \$2 to the fruit and vegetable vouchers for the fully breastfeeding woman's food package in order to bring the cash-value vouchers to the original IOM recommended amount of \$10 per month.

#### **Rationale**

The increased dollar amount would provide an additional incentive for women to breastfeed while maintaining WIC food package cost neutrality. The Wisconsin WIC Program urges USDA to utilize projected cost savings to offset the \$2 per month increase. The food package recommendations support scientific research findings, which suggest that increasing fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.

#### **Recommendation (Medium Priority)**

Allow State agencies to determine the dollar denomination on the cash-value food instruments so that States can cost-effectively implement these changes within their individual participant and infrastructure environments.



### **Rationale**

It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

### **Recommendation (Medium Priority)**

Allow States, through their retail store authorization procedures, to specify the minimum stocking requirements for fruits and vegetables.

#### **Rationale**

This will give States the ability to work with local grocers to provide the maximum number and variety of fruits and vegetables that are locally accessible, culturally appropriate and affordable. Setting the minimum stocking level arbitrarily at two will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables WIC clients purchased as demonstrated in the three highly successful pilot projects conducted recently in California and New York.

### **Recommendation (Medium Priority)**

Allow States to utilize existing Farmers' Market Nutrition Program vendor certification and coupon redemption procedures for authorizing Farmers' Markets to participate in the WIC fruit and vegetable cash-value voucher program.

#### **Rationale**

The Wisconsin WIC Program supports the option of authorizing Farmers' Markets as a choice for participants to redeem their cash-value food instruments for fresh fruits and vegetables. The proposed rule requirements would make this option impractical to implement for the following reasons:

- Farmers' Markets do not meet the existing federal selection criteria with regards to the variety and quantity of foods that must be stocked.
- Farmers generally do not sell from fixed sites and mobile stores are allowed only for the purpose of meeting special needs as described in each State agency's State Plan.
- Farmers would be held to current monitoring and auditing requirements.

The Wisconsin WIC Program and WIC Farmers' Market Nutrition Program (FMNP) are pleased that the Proposed WIC Food Package Rule allows participants to purchase fruits and vegetables at their local farmers' markets. The Wisconsin WIC FMNP has been successful in increasing the quantity of fruits and vegetables consumed by WIC families. Survey results show that due to the WIC FMNP, 79% of WIC participants surveyed plan to eat more fresh fruits and vegetables all year round. In addition, 75% of WIC participants surveyed claim that they will

continue to shop at farmers' markets even without FMNP checks to spend. It is clear that many Wisconsin WIC FMNP families will welcome checks from the WIC Program to spend at farmers' markets in addition to their FMNP checks.

**Recommendation (Medium Priority)**

The Wisconsin WIC Program and FMNP is suggesting that farmers' market and farmer requirements be consistent with WIC FMNP regulations 248.10.

**Rationale**

The Proposed WIC Food Package Rule allows farmers' markets and farmers to participate as long as 246.12(g)(3) and 246.12(h)(3) requirements are met. Requirements stated in 246.12 were written for WIC vendors who work in businesses such as grocery stores. The WIC FMNP requirements as stated in 248.10 were written for farmers and farmers' markets including consideration of small farming operations and the seasonal nature of farming. The rules set forth in 248.10 are established and are proven to be effective during the many years the WIC FMNP has been in place. For example, 246.12(h)(3)(vi) requires that the vendor ensure that the participant signs the WIC check. The WIC FMNP has not made this a requirement recognizing that a farmer may have many customers to attend to and availability of a pen and space to sign a check is not practical in the farmers' market setting.

**Recommendation (Medium Priority)**

WIC FMNP authorized farmers/farmers' markets/farmstands be adjunctively eligible to participate in the WIC Program.

**Rationale**

This would allow states to use one application process for farmers/farmers' markets/farmstands who participate in the WIC and WIC FMNP.

**Recommendation (Medium Priority)**

Participants/farmers/farmers' markets/farmstands be allowed to redeem checks in the same manner as WIC FMNP checks.

**Rationale**

This will lessen confusion and ensure successful redemption of WIC farmers' market checks.

**Recommendation (Low Priority)**

Allow white potatoes and herbs for purchase at farmers' markets with WIC checks. State agencies can eliminate white potatoes and herbs from the grocery store checks at their discretion or as prohibited by federal rules.

**Rationale**

Allowing white potatoes and herbs to be purchased at the farmers' market provides consistent rules for farmers and WIC participants who participate in the WIC FMNP. It is true that white potatoes are a starchy vegetable

and starchy vegetables are already consumed in abundance in American's diets. However, other starchy vegetables, such as corn, would be allowed under the proposed food rule. The white potato is a vegetable that can be prepared in a healthy manner (e.g., baked or grilled) and can be a good compliment to other vegetables prepared in this manner. Herbs can enhance the flavor of vegetables and most varieties contain Vitamins A and C, calcium and potassium.

### **Alternative Dairy Products**

#### **Recommendation (Medium Priority)**

Establish an alternative minimum nutrient standard for soy beverages.

##### **Rationale**

Currently, there are no calcium-fortified soy beverages in the marketplace that meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. The Wisconsin WIC Program recommends that the specifications for protein and potassium in calcium-fortified soy beverages follow the FDA and industry standards for protein at 6.25 grams minimum and for potassium at 250 milligrams per 8 ounce serving. Since protein is no longer a priority nutrient and the addition of fruits and vegetable contribute to the food packages' potassium content, this adjusted specification will not affect the nutritional needs of participants who substitute soy beverages for cow's milk.

#### **Recommendation (Medium Priority)**

Waive the medical documentation requirement for children to receive soy beverages.

##### **Rationale**

The consumption of soy beverage for children can be a cultural/personal preference as well as a medical necessity. Since State policies and procedures for services and follow-up to medically diagnosed conditions will continue to be in place, this proposed rule will place an undue burden on State systems and delay access to an important calcium source for WIC children.

### **Whole Grains and Whole Grain Breakfast Cereals**

#### **Recommendation (Medium Priority)**

Maintain the proposed criteria for breakfast cereals (iron, sugar and whole grain) and allow States the flexibility to make appropriate substitutions to accommodate individual participant needs based on a documented medical condition.

##### **Rationale**

The proposed criteria for whole grain breakfast cereals eliminate single-grain corn and rice cereals from the eligible list of cereals. Participants with special conditions, such as allergy to wheat or gluten-intolerant, will be limited in breakfast cereal choices. The Wisconsin WIC Program recommends that in cases when a participant presents with a medical diagnosis warranting a "wheat-free" cereal, that a special package be issued that includes cereals that meet the iron and sugar criteria.

## **Categorical Tailoring and Substitution Requests**

### **Recommendation (Medium Priority)**

Continue to allow States the option to categorically tailor or propose food substitutions.

**Rationale:** There are rapid changes in food industry, science, demographics and other factors in today's environment, and State agencies will, of consequence, need to submit proposals for cultural accommodations or categorical tailoring in the future. USDA's history of regulatory review and revisions to the WIC food packages substantiates the critical need for this flexibility. It is essential that States be allowed the ability to revise food lists to keep pace with the needs of their participants.

## **Rounding Up of Formula**

### **Recommendation (Medium Priority)**

The Wisconsin WIC Program recommends that USDA develop an alternative solution to the proposed rounding up methodology for infant formula that allows for consistency in the number of cans of formula provided.

#### **Rationale**

The proposed methodology for the State rounding option will result in a mother receiving a different number of cans of formula each month. This could prove confusing and be viewed as discriminatory by WIC mothers.

## **Implementation**

### **Recommendation (Medium Priority)**

Partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of two years from the date of publication of the final rule.

#### **Rationale**

The Wisconsin WIC Program recognizes that implementing the proposed rule will need to be inclusive and carefully crafted to achieve success. There is a great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages without exception. State agencies are looking forward to fully implementing the proposed rule.

## **Conclusion**

The Wisconsin WIC Program commends USDA for the release of the proposed rule making major changes to the WIC food packages. This proposed rule makes the WIC food packages consistent with the *2005 Dietary Guidelines for Americans* and is a major step forward to improve the overall nutritional health and well-being of WIC mothers and children.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. The will supply a reliable and



culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

We look forward to working closely with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

Patti Herrick, R.D., M.P.A.  
Wisconsin WIC Program  
Director and Section Chief  
Bureau of Community Health Promotion

A handwritten signature in black ink that reads "Sarah Anderson R.D., C.L.C." The signature is written in a cursive, flowing style.

Sarah Anderson, R.D., C.L.C.  
Breastfeeding Coordinator  
NWCSA-Douglas County WIC Program



# Arkansas Department of Health and Human Services

## Division of Health



Paul K. Halverson, DrPH, Director

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GSA-22

November 6, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

In general, Arkansas supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

Arkansas has a great deal of concern about disallowing provision of infant formula for breastfed infants during the first month after birth. In a state that has made slow but steady increases in the rate of breastfeeding, Arkansas still has significant areas of the state and minority populations that are difficult to get even try to breastfeed. Our breastfeeding rates significantly increased with introduction of the partially breastfeeding option. Many mothers and babies come within the first week to the health unit to enroll. If forced to decide at that critical time whether they will breastfeed or not could put us in the situation of making them decide whether they will exclusively breastfeed or exclusively formula feed. In addition, many of our mothers return to work soon after delivery, often working in conditions where either they are not allowed to pump, or in an environment unsuitable for pumping (for example, chicken packing plants). One of our largest "selling" points to get these tentative moms to consider breastfeeding is that this is NOT an all or nothing decision.

We do support the recommendation to reduce the amount of infant formula that can be provided to a partially breastfed infant, but DO NOT support the recommendation to disallow provision of infant formula for breastfed infants during the first month after birth.

We would suggest that States be given the option to provide the partially breastfeeding infant, in the first month, with 1). no formula, or 2). one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures.

Arkansas has concerns about the cost in terms of staff time and changes to data systems of prorating the differing amounts of formula over two months, 4 or 6 months. With aging data systems that make such

changes difficult, if not impossible, this could mean each food instrument would have to be ordered separately, thus substantially increasing the amount of time staff must spend on food package tailoring and food instrument issuance.

Arkansas supports the proposal to calculate monthly maximum amounts of infant formula in reconstituted fluid ounces. This would authorize an amount of powdered infant formula that would provide at least the maximum monthly allowance as reconstituted liquid concentrate of the same formula for the same food package. However, we do have a concern that data systems differ in the ability to handle prorating infant formula amounts for 2 to 6 month intervals. This becomes particularly complicated when issuing for 2 or 3 months at a time and the prorated intervals do not coincide with the months of issuance.

We support the expanded food options provided in all food packages, including the allowance for substituting canned beans for dried per participant preference, limiting whole milk to children under age 2, substituting soy beverage or tofu for all or part of the milk, the addition of whole grain bread and other options in addition to whole grain breakfast cereals, and inclusion of fruits and vegetables.

We support the provision of fruits and vegetables in the form of prepared infant foods at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as meats in the form of prepared infant foods for fully breastfeeding infants and the elimination of juice for infants. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children.

We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the ability to partner with vendors to promote the maximum number and variety of produce items. Setting an arbitrary vendor stocking level at two as suggested in the proposed rule will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers as demonstrated in the three highly successful pilot projects recently conducted in California and New York. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple vouchers in small denominations is costly and counter-productive.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation.

The proposed rule to include whole grain bread and other grains for all children and women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. However, there should be allowance for State Agencies to provide exceptions (i.e. wheat-free, or non-whole grain options for example) for those participants with 1) food allergies or 2) intolerance for other medical reasons. In addition, it should be noted that while the proposed rule

suggests 2 pounds of whole grain bread, bread is not typically packaged by the pound. We support maintaining the current iron and sugar requirements.

Arkansas recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

We look forward to working closely with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the Spring of 2007.

Sincerely,

Arkansas Department of Health  
& Human Services - WIC Program

*Marcell W. Jones*

Marcell W. Jones, Director

/sh

**GSA-23**

email to wichq-sfpd 11-06-06 from Regine Beakes, MS, MPH  
CT WIC Co-Director  
Tel 860 509 8084  
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Email: regine.beakes@po.state.ct.us

November 6, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

Connecticut WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The intent of the revised regulations is to improve the nutritional health of all WIC participants. The revisions are grounded in sound science, aligned with the 2005 Dietary Guidelines for Americans, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long-term breastfeeding. While the proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children, CT WIC has the following comments:

We recommend providing an additional \$2 to the proposed fruit and vegetable vouchers for the fully breastfeeding woman's food package in order to bring the cash-value vouchers to the original IOM recommended amount of \$10 per month. The increased dollar amount would provide an additional incentive for women to breastfeed while maintaining WIC food package cost neutrality.

We believe that the partially breastfeeding food package will have significantly more appeal to mothers than the current partially breastfeeding package, and should be

implemented without a pilot phase. A delay in implementation would provide a disincentive for women to breastfeed.

We recommend that states be allowed to provide to the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula based on the individual's need as determined by a Competent Professional Authority (CPA). Formula should never routinely be provided to breastfeeding infants even under current WIC Regulations. However, we strongly agree with IOM's statement that, "Some mothers who might otherwise try breastfeeding may choose formula to be sure that they can obtain formula (a high cost item) if they run into breastfeeding difficulties." Further, a number of our local agencies have encountered breastfeeding women who initially reported that they were not breastfeeding at all, in order to ensure that they will have enough formula if breastfeeding doesn't work out for them. Adequate funds must be made available to states to ensure access to breastfeeding peer counselors or another reliable source of breastfeeding support for low income women who the least likely to have a family member, friend or the resources to obtain breastfeeding support. In the meantime, States should be required to establish criteria for formula issuance to breastfeeding infants prior to implementation of the final rule. At a minimum, infant formula checks should only be issued to a breastfeeding woman after her intent to continue breastfeeding is assessed, education is provided regarding the potential impact of formula on breast milk production, and alternatives to formula supplementation are discussed.

We believe State's flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. We also fully support the recommendation that States be permitted to allow the cash-value food instrument to be used to obtain any combination of fresh produce and processed fruits and vegetables. Not only will this provide flexibility and reduce the administrative complexity, but will also provide an incentive for participants to shop at a store that can provide the greatest value based on the denomination of the cash-value food instrument. We also believe that the minimum inventory requirement of two varieties of each of fruits and vegetables, in any combination of fresh and processed is reasonable. The required quantity would not be an undue burden on the very small, mom-and-pop type vendors and would still provide participants with a choice. Also, having this minimum inventory requirement, a vendor selection criterion, will allow the States to reassess any vendor that does not meet the requirement after authorization.

We recommend that FNS also require that baby foods (fruits, vegetables, and meat) be part of a State's minimum inventory requirements. The addition of these products is of such importance that we need to make sure that stores carry them. We suggest that two varieties of each be required to afford participants a choice.

We suggest that each recommended implementation timeframe be extended by at least six (6) months. A comprehensive change such as this one is sure to have some unexpected obstacles and will require more time to implement than first anticipated. The

creation of new food packages alone will be a monumental task, especially for Agencies that do not have a sophisticated automated system.

FNS has asked for input to help assess the training and technical needs of WIC-authorized vendors. Because of the comprehensive nature of the proposed revisions, we expect that the best and most effective means to train authorized vendors is to provide relatively small (no more than 30 vendors at a time), interactive training sessions that cover only the changes contained in the Final Rule. These training sessions would include a pictorial presentation, a question and answer period, and handouts that the vendor representatives can use to train their staff that serves WIC participants. The vendors would also have to receive a revised WIC Vendor Agreement, for signature, that includes all required changes.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose mal-digestion, and those with cultural preferences.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the 2005 Dietary Guidelines for Americans which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

Additional comments:

Whole Milk Not An Option for 1 to 1.9 year old children:

According to the proposed rule whole Milk would only be allowed in the food packages for 1-1.9 year old clients. WIC would only provide 2% fat, 1% fat, or nonfat milk for all other clients whose food packages contain milk. The WIC Program serves a highly diverse population with a wide range of dietary customs and beliefs. We strive to respect cultural differences and we do know that in some cultures, whole milk remains the milk of choice. We cannot risk some of our clients choosing no milk instead of low fat milk when given this constraint. Our goal has always been to provide clients with education to increase their knowledge to make better food choices. Therefore, eliminating the choice of whole milk for some clients is contrary and does not support our goal. Increased levels of client satisfaction will lead to client retention as we are already experiencing a decrease in participation rates for 1-5 years old clients. Eliminating whole milk for clients 1-1.9 years old might further impact negatively the retention rate.

Low-Iron Infant Formula:

"According to the AAP, there are no known medical conditions warranting the use of low-iron formula during infancy." (Pg 44701) There are situations, though rare, where a

low-iron formula may be justified (e.g.; hemochromatosis, iron overload), sometimes on a short-term basis only (where iron levels became dangerously high in the blood or in the liver). While we support the concept that retail sales of low-iron formula on open shelves in stores should cease, we also feel that on the rare occasion where a low-iron formula may be justified it should only be able to be obtained via a prescription through a pharmacy, as are most formulas that are indicated for clearly medical and/or rare situations. In such situations, we believe that a low-iron formula should be approved for use in the WIC Program.

#### Reduced Formula Amounts for Infants 6-11.9 Months:

The wording in the proposed rules implies that only the new proposed reduced amount of 624 oz equivalent formula is the maximum amount of formula that can be provided to infants 6-11.9 months, both for the infant food packages II and the “medical food packages III”, regardless of whether or not an infant is actually consuming solid foods yet. We would like clarification on whether that is the case, and if so, request that USDA consider allowing more formula, perhaps the 806 oz equivalent, to be given to infants who, for various reasons, would not have progressed to solids and are still relying on formula as their main nutrition source. There are numerous medical/developmental reasons why an infant would not be consuming solids, or only consuming minimal solids during 6-11.9 months of age. An infant could inadvertently be penalized for not consuming solids yet because of reasons beyond the mother’s and/or infant’s control. The proposed rule of providing less formula than currently allowed to these high-risk participants both in terms of age (infants) and medical status would increase their risk of suffering serious health consequences as a result. We cannot assume that parents will have the financial ability to purchase the 23% difference in formula provision needed to equate with what is currently provided. Many of these infants are on standard formulas and the possibility that outside entities will provide the difference is unlikely in many cases. Even if a formula is a “medically exempt” infant formula, there are still a significant numbers of situations where the formula will not be provided by outside entities

#### Coordinating Formula provision with Medicaid and Other Entities:

We would like clarification regarding the issue of coordinating formula payment/coverage with Medicaid and other entities. While we actively coordinate with Medicaid and other entities in order to fill any potential gaps for a participant’s formula needs, there are currently no mandates for Medicaid or other entities to be the primary source of medical formulas before WIC (and in some cases to cover any formula coverage at all), and past efforts have resulted in WIC remaining the payer of first resort for formula provision up to the maximum allowed under federal regulations. Without mandates for other entities such as Medicaid to be the payer of first resort, we see WIC remaining the primary payer (and in some situations the only payer).

#### Products Not Authorized as WIC Formulas or Foods:

Flavoring agents are not authorized. We view this as a problem for participants who are consuming products that typically result in palatability problems, such as elemental and semi-elemental formulas. Flavoring agents allow the product be more palatable and more



likely to be consumed. This is particularly important in light of the fact that these are high-risk participants where intake and growth issues are more likely to be a problem already.

CT WIC recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

Again, CT WIC enthusiastically and strongly supports the proposed rule. We are convinced that it will serve to minimize vendor stock requirements, reduce the administrative burden on States and local agencies, encourage the growth of Farmers' Markets, support participant choice, and most important, focus attention on chronic disease prevention and control.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

We look forward to working closing with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

John Frassinelli

John Frassinelli, CT WIC Director  
410 Capitol Avenue  
PO Box 340308  
Hartford, CT 06134-0308  
860-509-8084  
860-509-8391

GSA-24

email to wichq-sfpd 11-06-06 from Clark, Gloria (DOH) [gloria.clark@dc.gov]

Attached please find the comments from the District of Columbia WIC State Agency on the proposed changes in the WIC Food Package

D.C. WIC recognizes the monumental impact that the new food package will have on the health of all WIC participants, and appreciates the opportunity to comment on the proposed changes.

### **Proposed Revisions to the WIC food Packages**

#### **Infant Package**

##### **Breastfeeding infants:**

##### ***First month after birth:***

D.C. fully endorses FNS/USDA's intention to provide more effective breastfeeding support to WIC mothers. There is no doubt that the proposed changes would benefit the small minority of women who are completely committed to exclusive breastfeeding. However, staff has strong reservations that the proposed policies pertaining to the first month after birth will discourage breastfeeding among most WIC participants

D.C. WIC's population is largely African American. Many new mothers and expectant mothers have never seen anyone breastfeed, and have few, if any, role models. Breastfeeding is a lost tradition in many of these families, and commonly, older family members are actively against breastfeeding. DC WIC peer counselors are often able to convince mothers to "try" by offering encouragement and support. However, the majority of these mothers are not ready to entertain the notion of exclusive breastfeeding. They frequently doubt the bodies' ability to produce adequate quantity and quality of milk. Once they get started, with the help of our breastfeeding support team, some of these mothers gain confidence and move toward exclusive breastfeeding. Often these "converts" become the biggest breastfeeding advocates!

The wonderful "Loving Support" training sponsored by FNS stressed the importance of easing mothers into the decision to breastfeed, and supporting any and all choices. Our staff and Breastfeeding Peer Counselors were instructed never to ask, "Are you going to breastfeed or bottle feed" but instead ask, "How do you plan to feed your baby?" This leaves the door open to all possibilities of exclusive and partial breastfeeding. Research conducted on WIC mothers supported this approach. The new package would essentially force the issue, and bring it back to a decision of "breast or bottle." All clients will, of course be encouraged to breastfeed regardless, but when they are told they will be assigned to a formula feeding package for the first month, it sends a very mixed message.

Most infants receive formula supplementation in the hospital, even infants of mothers who planned to exclusively breastfeed. A recent study of D.C. WIC mothers in 2004 supported by a USDA OAF grant showed that 61% of mothers initiated breastfeeding in the hospital, and an overwhelming 78% of those breastfeeding infants received formula. We do not currently have the infrastructure in place to provide adequate support to all these mothers to rebuild milk supply to achieve exclusive breastfeeding. Although we work extensively with hospitals to encourage more supportive environments, change has been a gradual process.

The biggest obstacle is that formula serves as a safety net for new mothers and those women breastfeeding for the first time. There are few fears more pressing than a mother's fear of starving her baby. These women are often accustomed to food insecurity, and want to protect the baby at all costs. Having formula available gives many the reassurance needed to "try" breastfeeding. Although a breastfeeding mother can have an infant reassigned at any time, a mother may be afraid that she will have difficulties on a Friday afternoon or a holiday and need to wait and purchase formula out of pocket. We do understand that research has clearly shown that supplementation undermines breastfeeding duration, and this is the reason for the proposed changes. However, we strongly believe that the package will discourage mothers from initiating breastfeeding. Without initiation, duration is a moot point.

D.C. WIC is pleased with FNS/USDA plans to pilot the proposed breastfeeding package, and eagerly awaits the results.

### ***Second month after birth through month eleven***

We support the proposed recommendation to allow a partially breastfeeding package for months 2-11 after birth. This is similar to our current standard practice. The standard package for partially breastfeeding mothers is about half of the amount of formula allowed, although the package is tailored at the nutritionist's discretion and the client's request. This was done to encourage and support breastfeeding.

The effect of changing the infant feeding assignment from partially breastfeeding to formula feeding if the client wants a larger quantity of formula is unclear. It may be administratively difficult to track and provide support to infants who are listed as formula feeding, but still receiving breast milk.

### ***Infant meats***

Adding infant meats to the package of exclusively breastfeeding babies is a good idea, both from the standpoint of increasing iron and zinc and also for rewarding breastfeeding. Please consider allowing an alternative for clients who avoid meat for cultural or religious reasons.

### **Maximum Monthly Allowance of Infant Formula**

D.C. WIC supports the proposal to cap the amount of formula given to infants. Currently, WIC provides about 75% of the formula needed, and often mothers have all

of the formula they need for the first month between the formula provided by WIC and the formula given by the hospital. Though these clients are all advised that WIC is a supplemental program, many are surprised when they run out of formula in the following months. Reducing the formula to approximately half the amount the infant needs will help reduce this ambiguity and help parents understand their role in purchasing formula. This added expense will also provide a stronger financial incentive to mothers to breastfeed their infants.

### **Introduction of Complementary Foods at 6 Months of Age**

We applaud the decision to follow American Academy of Pediatrics guidelines and delay solids until 6 months. It is vital that our food package is based on existing research. D.C. made this change several years ago, because nutritionists could not advocate for parents to delay solids until 6 months when WIC was giving cereal and juice at 4 months.

### **Authorized infant foods**

WIC participants will appreciate the addition of infant foods. The inclusion of banana as a substitute is a nice alternative for caretakers who may choose to make baby food themselves.

### **Elimination of juice for infants**

Elimination of juice is a clear positive step, both because it allows for the additions of fruits and vegetables, and because juice is often a contributor to dental issues and/or overweight in infants.

### **Rounding of Infant foods and formula**

D.C. strongly supports an option that permits rounding of both formula and infant foods to lessen administrative burden. The rounding methodology would need to be added into the computer system, but staff training needs should be negligible.

### **Children's Food Package**

#### **Milk changes**

D.C. appreciates the changes to the quantity and type of milk allowed. Permitting only whole milk to children less than two years of age strongly reinforces the messages our CPAs give on the necessity of the fat for brain development. Limiting the quantity of fat for children over the age of two directly impacts diet by lowering fat and calories, but also helps establish healthier habits among these children that will hopefully last for years beyond graduating from WIC. Smaller quantities of cheese for children should also support this goal of limiting fat intake among children while providing a good source of calcium. Clients will welcome the ability to substitute soy products for milk with medical documentation.

Also, it is encouraging that the quantity of milk will be lowered to be consistent with the 2005 dietary guidelines. Not only will this allow greater funding for other portions of the package, but it will also send a more realistic message to clients on an appropriate amount of dairy in the diet.

## **Pregnant, Postpartum and Breastfeeding Food Packages**

### **Breastfeeding:**

#### ***Cost parity and changes based on nutritional need for the breastfeeding mother's package***

D.C. was happy to see that the proposed breastfeeding food package for fully breastfeeding mothers is larger to support the additional nutritional needs of breastfeeding mothers. In the past, mothers have complained about a perceived financial incentive of formula feeding, based on the high cost of formula. The increases in the food package should provide a clear financial incentive to breastfeed. This is also much more consistent with the biological needs of nursing mothers, who have higher nutrient needs than formula feeding mothers.

Although we do not have many mothers exclusively breastfeeding multiples, it is encouraging that the proposal includes 1.5 times the maximum amounts for these mothers.

#### ***Breastfeeding women greater than 6 months postpartum whose infants do not meet the definition of partially breastfeeding***

D.C. agrees that all breastfeeding mothers need support, even if they are not meeting the partially breastfeeding definition. The needs of these mothers change as the baby grows, and so these mothers have new and different questions. Breastfeeding peer counselors, nutrition educators, and other breastfeeding support persons are still needed for the mother and baby to have a positive experience and breastfeed as long as possible. Ideally, these mothers would be able to continue to receive some WIC vouchers to provide incentive to these mothers to continue to breastfeeding. It is regretful that financial constraints do not provide this option, but we appreciate the fact that breastfeeding and nutrition education will still be available for these mothers.

### ***Canned fish***

Allowing salmon and sardines in addition to tuna will provide breastfeeding mothers with an excellent source of omega fatty acids, calcium, and protein. The foil packs will be a helpful option for participants because of ease of storage and portability.

## **All Food Packages**

### **Addition of Fruits and Vegetables**

The addition of fresh fruits and vegetables for all women and children is one of the most exciting aspects of the new package. The health impacts of fruits and vegetables are extensively documented, and few of our WIC clients consume the recommended amounts of fruits and vegetables. Providing fruits and vegetables improves nutritional habits today, but also helps shape eating patterns, habits, and preferences of future generations.

It also demonstrates the importance FNS and the USDA place upon fruit and vegetable consumption.

Allowing a variety of fruits and vegetables accommodates cultural preferences and seasonal fluctuations, and the ability to substitute dried, canned and frozen foods should permit client flexibility.

We were disappointed that the fruits and vegetable vouchers in the USDA proposed package are lower than the IOM recommended package, though we do understand the necessity of cost neutrality for the package.

The proposed rules welcomed input from State Agencies on ways to make the higher quantities of fruits and vegetables in the package economically viable. There is a great deal of variability in the proportion of recommended foods provided by the current proposed WIC package. For example, the current package provides 2.1 cups of milk a day for children. The DGA 2005 recommends 2 cups a day of dairy for children aged 2-8, so the WIC package provides the child's entire daily needs. Similarly, the proposed package provides approximately 4.3 oz of juice per day for infants, and the AAP recommendations is to limit juice to 4-6 ounces for children aged 1-6.<sup>1</sup> The WIC package provides for all the juice a child needs at current recommended level. Alternately, \$6 a month for children allows approximately \$.20 per day for fruits and vegetables.

The cost of fruits and vegetables varies widely, so it is difficult to estimate the number of servings of fruit or vegetables this represents. However, it is abundantly clear that this amount does not approximate the recommended servings, and it is likely not enough for one serving a day. When the amount of fruits and vegetables provided is proportionately so much smaller, the implication is that fruits and vegetables are of less importance. Juice may be a good deal cheaper than fruits and vegetables, but fruits and vegetables contain a broader variety of vitamins, phytochemicals, and fiber. As noted in the AAP statement on juice, "Reliance on fruit juice instead of whole fruit to provide the recommended daily intake of fruits does not promote eating behaviors associated with consumption of whole fruits."<sup>1</sup> The greater amounts of fruits and vegetables could be provided by further decreases to juice or dairy.

D.C. WIC supports the inclusion of an option to increase the amounts of fruits and vegetable checks to match inflation.

We ask that Food and Nutrition Consumer Service (FNS) provide literature written on a

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<sup>1</sup> The Use and Misuse of Fruit Juice in Pediatrics: PEDIATRICS Vol. 107 No. 5 May 2001, pp. 1210-1213

third grade level with language translations to disseminate to WIC participants on the benefits to be derived from increased consumption.

We suggest that FNS make checks for the fruits and vegetables accepted by both authorized farmers in the Farmers' Market Program as well as authorized food store vendors. This will encourage WIC participants to visit year round farmers' markets more often and strengthen the redemption rates for the FMNP during the farmers' market season.

### **Addition of Whole Grains**

The addition of whole grains will result in a significant increase in the fiber intake for WIC participants. Tortillas will be particularly appreciated among our Hispanic population, and will help WIC become more supportive of clients from a variety of cultural backgrounds. As with many of the other changes, this one supports participants' current intake and also helps instill positive behaviors for the future.

### **Limiting Eggs**

As with milk and juice, D.C. welcomes changes that align the food package with the current dietary recommendations.

### **Summary:**

D.C. WIC welcomes the overwhelming majority of the proposed changes and agrees they will support the health and well being of WIC clients. We have reservations about the proposed breastfeeding package, and do hope that the changes will be fully piloted before the plan is finalized. Also, we feel that fruits and vegetables are a wonderful addition to the package, and hope that the Department will consider inclusion at the amounts recommended by IOM through reductions in other areas of the WIC package.





GSA-25

Jeb Bush  
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.  
Secretary

November 3, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule"

Dear Ms. Daniels:

Florida strongly supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006 with recommendations.

The intent of the revised regulations is to improve the nutritional health of all WIC participants. The revisions are science-based, align with the *2005 Dietary Guidelines for Americans* and the current infant feeding practice guidelines of the American Academy of Pediatrics, and support the establishment of successful long-term breastfeeding. In addition, the proposed food packages will provide WIC participants a greater variety of food choices than is currently provided, allow WIC State agencies flexibility in offering food packages that accommodate participants' cultural food preferences, and address the nutritional needs of our nation's most vulnerable women, infants, and children.

The proposed rule reflects many of the recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for a Change." The changes in the proposed rule are consistent with nutrition education that promotes healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population, while preserving cost neutrality. We also believe that WIC participants will be pleased that there will be more choices in the foods offered.

While the Florida WIC Program supports many of the proposed WIC Food Package regulations, we request your consideration of the following comments and recommended changes:

**Partially Breastfeeding vs. Fully Breastfeeding vs. Fully Formula Feeding**

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. We are not able to fully comment on the proposed pilot for the partially breastfeeding food package change as it is not clearly defined what happens to WIC agencies that are not in the pilot project during the pilot period. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently. We further recommend that:

- The partially breastfeeding food package provide up to a maximum of  $\frac{1}{2}$  of the formula of the fully formula feeding food package and be available to all breastfed infants from birth to 12 months. There should **not** be an "all or nothing" choice of a formula food package for the first month of life. The Competent Professional Authority, in consideration of the mother's and baby's needs and circumstances, would determine what amount of formula, if any, would best meet the needs for the individual mother baby dyad. This would align closely with the VENA initiative which encourages WIC staff to be sensitive to client needs and to provide program benefits to meet those client needs. In addition, we believe that many women who are unsure of their ability to breastfeed will simply choose to formula feed if given only the option of fully breastfeeding or fully formula feeding in the infant's first month of life. It is our opinion that the current proposal would unfortunately result in fewer women choosing to breastfeed.
- If USDA is not willing to consider allowing up to a maximum of  $\frac{1}{2}$  of the formula package to the partially breastfed infant in the first month of life, we strongly recommend that States be given the option to provide the breastfeeding infant, in the first month, either with 1) no formula, or 2) one can of powdered formula at the discretion of the Competent Professional Authority, as recommended in the IOM Report.
- Under the proposed regulations, a fully breastfed premature infant who needs supplementation with human milk fortifier would either not be able to get the human milk fortifier in the first month of life or alternatively, the mother would not be able to receive the breastfeeding food package. We recommend that in this case, the mother receive the fully breastfeeding food package and the infant receive the human milk fortifier.
- We recommend that states be given the option to provide the breastfeeding infant formula in an equivalent amount in either powdered or concentrated form as is the preference of the authorized representative.
- We support the proposal to issue powdered formula based on the reconstituted amount rather than the actual weight of the powdered formula. We support the concept of providing at least the maximum monthly allowance of powdered formula as the reconstituted liquid concentrate form. However, we do not support the rounding up of infant formulas. We believe this would be an administrative burden and provide confusion for the participants as well as the vendors.
- We support the reduced formula package for the six (6) through eleven (11) month old infant with the provision of additional baby foods as indicated in the proposed regulations. However, we would recommend that the maximum monthly allowance a fully formula fed infant receives from birth through five (5) months of age remain constant at the equivalent of 832 fl. oz. reconstituted liquid concentrate per month. In addition, the partially breastfed infant would be able to receive up to a maximum of 416 fl. oz. reconstituted liquid concentrate per month. While we understand that this may not be the optimal amount of formula to provide for each of the first five months, we believe that the advantages outweigh the disadvantages of this recommended change. The rationale for this is as follows:

- ✓ This would be more administratively feasible, both with data systems and the time needed by WIC staff to appropriately select a number of different food packages for an infant and explain the different quantities.
- ✓ It would be simpler for clients, especially lower literacy and non-English speaking clients, to have the same fully formula fed infant food package for the first 5 months.
- ✓ This would be easier for the vendors. If two WIC food instruments are given per month for concentrate formula, as is done in Florida WIC, this would result in 16 cans of concentrate formula to be able to be purchased with each food instrument, minimizing the chance for error at the retail store.
- ✓ The amount of formula difference is minimal per day: Infants would receive slightly more than in the proposed rule in the first 3 months (addition of a little less than 1 oz. of reconstituted formula per day) and slightly less in months 4 and 5 (decrease of less than 2 oz. of reconstituted formula per day) than in the proposed rule.
- ✓ This should have minimal impact on formula costs.

#### **Complementary Foods for Infants**

We support the proposed rule of delaying the introduction of complementary baby foods until six (6) months of age to include infant cereal, infant food fruits and vegetables in varying amounts for those infants who are fully breastfeeding, partially breastfeeding, or fully formula feeding as well as infant food meats for fully breastfeeding infants. We also support the removal of fruit juice from the infant food packages.

- We *do not support* the alternative choice of one pound of bananas for 8 ounces of infant food fruit. We believe the administrative issues associated with this recommendation, such as trying to purchase exactly 1 pound of bananas at the grocery store and the costs associated with an additional check for approximately \$.40 worth of food, outweigh any proposed benefit.

#### **Medical Foods and Food Package III**

We recommend that USDA address the following issues with regards to Food Package I, II, and III:

- Medical foods should be allowed for infants in Food Package III. For example, an infant may need a standard formula with the addition of a medical food high in fat, protein, or carbohydrate.
- Low iron formulas to include standard infant formula, exempt infant formulas, and medical foods should be allowed for certain medical conditions. For example:
  - ✓ Some formulas only come as low iron formulas. Similac PM 60/40 is a low iron infant formula which is an appropriate formula for certain medical conditions.
  - ✓ An iron fortified formula may not be appropriate for infants whose medical condition results in a very high hemoglobin/hematocrit level.
- It is not clear from the proposed regulations whether ready to feed formulas can be issued in Food Packages I and II for standard infant formulas for infants with medical issues or whether ready to feed standard infant formulas can be issued in Food Package III to infants. The flexibility to issue ready to feed formula should be allowed for women, infants, and

children for standard infant formulas, exempt infant formulas and medical foods to better accommodate the participant's medical condition and to improve the participant's compliance in consuming the prescribed formula, when necessary. This should not significantly increase food costs as the issuance of ready to feed formula is closely monitored.

- Medical documentation should require the qualifying condition but not the medical determination (method or test) used to determine the qualifying condition.
- Allow the use of hydrolyzed protein formulas and not just elemental formula for food allergies such as milk and soy. This would include formulas such as Alimentum, Nutramigen, and Pregestimil.
- In Food Package III, the documentation requirement to provide authorized foods will be a significant burden to the medical community and to WIC staff.
- We recommend that the regulations allow for the provision of the maximum monthly allowance of reconstituted fluid ounces of liquid concentrate or powdered formula prescribed for medical conditions that require a calorie level that is greater than the standard 20 calories per ounce.
- Include provision for lactose reduced or lactose free milk without the requirement for medical documentation. Requiring medical documentation to give lactose reduced milks would be an unnecessary administrative burden for both the WIC staff and the medical community.

### **Fruits and Vegetables**

We support the addition of fruits and vegetables (with a decrease in juice) through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

- We recommend an annual inflation factor for the fruit and vegetable cash-value vouchers be calculated on a full dollar value.
- We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC state agencies. Printing of multiple voucher instruments in small denominations is costly and counter productive.
- We recommend that fresh white potatoes be an allowed choice. Fresh white potatoes are a nutritious food and allowing them to be purchased would eliminate the retail confusion regarding varieties of potatoes such as red skinned, Yukon gold, etc.

- Although Florida strongly supports the addition of fruits and vegetables, this change will impose a significant initial administrative workload on the Program to get food delivery and banking systems modified to accommodate the addition of a cash value check. In addition, significant training will be required to prepare retailers and clients for the change.

### **Alternatives to Milk**

We support the addition of calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural and religious preferences.

- Currently, there are no calcium-fortified, soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy.
- We strongly recommend that participants be able to receive tofu and soy beverages at levels of their request **without** the requirement of medical documentation for both women and children. Requiring medical documentation for this would cause an added administrative burden and possibly a financial cost to participants. It is an enormous undue burden on the health care system to require medical documentation for standard foods and would challenge WIC's credibility with the medical community. Participants should be able to request soy milk and/or tofu for cultural, religious, and preference (vegan) reasons, in addition to medical reasons.
- Lactose reduced milk and/or increased cheese substitution for milk should be allowed for women and children with lactose intolerance, **without** a medically documented request.
- We support the substitution rates for evaporated and powdered milk to be based on reconstituted amounts.

### **Whole grains**

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommends that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants (e.g., food allergies, gluten intolerance), we strongly urge that "wheat-free" cereals that are not whole grain cereals (e.g., rice cereals) be allowed **without** the need for medical documentation.

### **Miscellaneous**

Florida supports the proposal to provide States the authority to establish additional criteria for WIC-authorized foods. However, we strongly recommend that states retain the authority to request categorical nutrition tailoring and cultural food substitutions.

We strongly recommend that USDA be responsible for completing the nutritional analyses of packaged food items such as cereals, breads, baby foods, canned and frozen fruits and

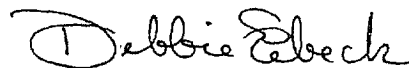
vegetables, tofu, and soy beverages to determine an item's nutritional eligibility as a WIC food. This will eliminate redundancy by each state in this time intensive process, thereby more effectively utilizing program resources.

Some of the proposed regulations require medical documentation in situations which we believe to be unnecessary, thereby causing an undue financial and time burden on the client and an undue administrative and financial burden on the medical community. Medical prescriptions should not be required for WIC to offer food packages that contain specific "non-medical" foods such as tofu, soy beverages and lactose free and reduced milk that can be purchased directly off the grocery shelf. Mandating these additional medical prescriptions beyond WIC's current requirement for non-contract formulas, exempt infant formulas and medical foods could diminish WIC's credibility within the medical community.

Finally, the proposed food package changes are extensive. A significant amount of work will be required in planning for a smooth implementation. Some of the tasks required include analyzing the final changes, convening advisory committees, developing an implementation plan, making necessary data system and banking changes, modifying vendor and banking contracts, developing training materials for staff, clients and vendors, conducting training for staff and vendors, and educating clients. A one year period from publication of the interim regulation is not sufficient time to complete these necessary tasks. Florida strongly recommends that states be given three (3) years from the date of publication of the interim rule to implement. Furthermore, we recommend that USDA partner with state agencies and the National WIC Association to ensure a smooth transition.

In closing, Florida enthusiastically endorses the proposed rule with the comments listed in this letter. We are convinced that the proposed changes will strengthen the program and we look forward to working closely with USDA in implementing the interim rule.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Eibeck".

Debbie Eibeck, MS, RD, LD  
Chief, Bureau of WIC and Nutrition Services  
Florida Department of Health

/de



B. J. Walker, Commissioner

Georgia Department of Human Resources • Division of Public Health • Stuart T. Brown, M.D., Director  
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**GSA-26 (note: only one  
page submitted; no  
signature.)**

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

November 6, 2006

Dear Ms. Daniels,

The Georgia WIC Program is encouraged by and supportive of revising the WIC Food Package. The Georgia WIC program views many of the changes proposed by the Institute of Medicine as timely and relevant for the populations we serve. We do have concerns over the cost neutrality of this provision and request additional support federally in determining proven cost saving strategies in developing new food packages. Many states utilize a variety of cost saving strategies at the state level such as "Milk least expensive brand only". Assistance in evaluating additional proven cost savings strategies for current and new WIC approved foods would be appreciated. As a state we are also interested in receiving guidance on and samples of standard food package for each participant category. Is it recommended that all participants receive the maximum food package allowance for each participant category?

We applaud the efforts of USDA to expand the WIC Food Package to where Nutrition Education can be positively supported by the foods provided in the WIC food package. Having the ability to educate moms on the benefits of eating more fruits and vegetables and providing them with the resources to purchase those foods is a common sense step in promoting good health.

#### Comments and Recommendations-

- Implementation of the food package changes will likely take longer than one year. A staged implementation of changes over a longer period of time is recommended.
- Positive support for adding whole grains (Cereal and Bread options)
- Fruits and vegetables- We encourage using IOM's recommendation of a cash voucher totaling \$8.00 for children and \$10.00 for other participant categories. We view this as a Positive change at any funding level. Inclusion of farmers market to accept vouchers will likely enhance access to fresh fruits and vegetables in our state.
- Formula for rounding up infant formula is complicated
- Consider allowing Competent Professional Authorities (CPA's) to prescribe substitutions for milk without medical documentation.
- Allow yogurt as a substitution for milk as a state option.



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF FAMILY HEALTH SERVICES

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JON S. CORZINE  
Governor

FRED M. JACOBS, M.D., J.D.  
Commissioner

GSA-27

November 6, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
Room 528  
3101 Park Center Drive  
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

New Jersey WIC Services strongly supports the USDA issued proposed rule governing the WIC Food Packages that was published in the Federal Register on August 7, 2006, and appreciates this opportunity to comment.

The revisions to the food packages are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, and support the current infant feeding practice guidelines of the American Academy of Pediatrics. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for a Change." It follows the advice of the Institute, which stated that the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns in the WIC community. The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population.

**Breastfeeding**

We support IOM recommendation that States be given the option to issue up to one can of powdered infant formula to breastfeeding infants in the first month when there is a need. We believe that if this option does not exist, too many breastfeeding mothers will declare that they are formula feeding.

We **do not support** the proposal to pilot test the food packages for the partially breastfeeding women and infants. With a delay in implementation of these packages, we believe that the current food package issued to partially breastfeeding women will not be attractive enough to encourage women to continue breastfeeding. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding food packages be implemented concurrently.

We support the monthly addition of 77.5 ounces of infant food meats after six months for infants who are fully breastfed.



We support the addition of salmon and sardines to the canned fish provision for fully breastfeeding women, the allowance only of light tuna, the allowance of foil pouches, and the increase to 30 ounces per month.

### **Fruits and Vegetables**

We support the monthly addition of 256 ounces of infant food fruits and vegetables for fully breastfed infants and 128 ounces for partially breastfed and fully formula fed infants after six months.

We urge that the dollar amount of the vouchers for fruits and vegetables provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

We ask that the USDA seek additional funding in future budget requests to allow for full implementation of the IOM recommendation of \$10 cash-value instruments for fruits and vegetables for all women and \$8 instruments for children.

We strongly recommend that the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

We believe that it is essential that State agencies determine the dollar denomination of the cash-value vouchers to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

We believe that farmers should be able to accept the fruit and vegetable cash vouchers without being subject to the vendor selection criteria.

### **Dairy**

We support the decrease in the maximum amounts of milk for children and adults and the limit of 2% milk fat milk for women participants and children two years of age and older.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation.

### **Whole Grains**

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

### **Other**

We support the categories of participants that would be served by Food Package III and the expansion of the food categories authorized in this package.

We support the proposed revised definition of “participation” to include the number of breastfeeding women who receive no supplemental foods or food instruments.

We look forward to fully implementing the proposed rule and urge finalization of the rule no later than the spring of 2007.

Sincerely,

*Deborah Jones*

Deborah Jones,  
Director,  
New Jersey WIC Services



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Riverview Center

150 Broadway

Albany, New York 12204-2719

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

**GSA-28**

November 6, 2006

Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service  
United States Department of Agriculture  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

Dear Ms. Daniels:

The New York State (NYS) WIC Program would like to congratulate the Food and Nutrition Service for the progress it has made in incorporating the Institute of Medicine's (IOM) recommendations for improving the WIC food packages. NYS supports all adjustments and increases in the infant and child food packages as recommended by the American Academy of Pediatrics (AAP). The proposed food packages for women are in alignment with the 2005 Dietary Guidelines for Americans and are whole heartedly supported by NYS.

The following reflects NYS' comments and recommendations on the proposed rule:

### **Re-Design to Enhance Breastfeeding Promotion and Support**

- Breastmilk supply is definitely undermined by the provision of formula and while NYS supports the basic goals of providing no infant formula to mothers who breastfeed during the infant's first month, there are two issues:
  1. There will be circumstances in which the provision of limited amounts of formula may be warranted during that first month. NYS recommends that states be allowed to provide one can of powdered formula in specific circumstances, such as when recommended by a physician due to a concern with infant weight gain, when a breastfeeding mom needs to return to work and is unable to pump, or due to illness or medications.
  2. Increased breastfeeding support during the infants first month (to prevent requests for formula) can only occur with a well-funded statewide peer counseling program.

- NYS recommends that the United States Department of Agriculture (USDA) allow states to fully implement the proposed rule for the fully breastfeeding, partially breastfeeding and fully formula packages simultaneously. This will ensure that all participants benefit from the increased nutritional benefits of the food packages. We recommend that the piloting phase of this proposed rule be eliminated.
- NYS recommends that the USDA Food and Nutrition Service (FNS) provide instruction regarding a food package for a mother feeding twins/multiples by different methods (i.e., breastfed and formula). NYS recommends allowing states to issue the appropriate breastfeeding food package to a mother of twins/multiples who is either fully or partially breastfeeding at least one infant.
- NYS supports the addition of infant foods as an incentive to breastfeed and the addition of baby meats which provides the identified priority nutrients for breastfed infants (zinc and iron). In addition, these items add value to the food package that will bolster program participation.

### **Revisions to Food Packages**

#### **Food Package I and II:**

- NYS supports the disallowance of low iron formula since there is no known medical condition that warrants the use of low iron formula. This is consistent with AAP recommendations.
- NYS supports the delay in the introduction of complementary foods and the changes in age requirement and replacement of juice with infant fruit and vegetables as it complies with the AAP Policy Statement.
- Food Package I for partially breastfed infants (1-3 months of age) should be increased to 390 fl oz of reconstituted liquid concentrate formula or 15 cans of liquid concentrate formula. Currently, Food Package I for partially breastfed infants (1-3 months of age) specifies the maximum amount of formula as 364 fl oz of reconstituted liquid concentrate formula, or 14 cans of liquid concentrate. Food Package I for fully formula fed infants (0-3 months of age) specifies the maximum amount of formula as 806 fl oz of liquid concentrate reconstituted, or expressed as 31 cans. The proposed regulations indicate that partially breastfed infants cannot receive more than 50% of the fully formula fed package so allowing 15 cans of liquid concentrate formula or 390 fl oz of reconstituted liquid formula does not exceed 50%.
- NYS recommends that all revisions in infant food packages be implemented at the same time. For example, the current rules requires a six month implementation period for the removal of juice and a one year implementation period for adding baby food fruits and vegetables.

### Food Package III:

- NYS supports providing supplemental foods in addition to formula for participants receiving Food Package III. The requirement for medical documentation creates a burden for local agencies and health care providers. NYS recommends that states be allowed the flexibility to establish their own policy related to medical documentation requirements.

### Food Packages IV, V, VI, VII:

- NYS supports the changes in Children's Food Package IV and Women's Food Packages V through VII. These changes are consistent with the Dietary Guidelines for 2005.
- NYS supports the rule to revise the definition for WIC participation to include the number of breastfeeding women who receive no supplemental foods or food instruments, but whose breastfed infant(s) receives supplemental foods or food instruments.

### Fruits and Vegetables

- NYS recommends that states be allowed to choose the fruit and vegetable benefit level. NYS' survey of all vendors indicated that 98% of all WIC vendors think that a \$5.00 check is just right or too low. Spoilage is not an issue if participants are given the option of purchasing canned, frozen or dried, in addition to fresh. It is inefficient for vendors to handle a \$2.00 check (bank fees, etc.).
- The proposed minimum stock requirement is reasonable (two varieties for fruits and vegetables, any form fresh, frozen or canned). NYS' pilot indicates most vendors already carry vegetable and fruits in some form.
- Farmers' Markets Accepting Vegetable and Fruit Checks – For this option to be viable, the proposed regulation would need to be modified to give more flexibility to states that are interested in authorizing farmers' markets to accept WIC checks for vegetables and fruits. Requiring farmers' markets to adhere to all the federal requirements (and state regulations and policies) for WIC authorized vendors would severely hamper their ability to participate in the WIC Program. State WIC Programs interested in authorizing farmers' markets as WIC vendors would need to develop creative approaches and may need to partner with other state agencies when Farmers' Market Nutrition Program (FMNP) is not under the jurisdiction of the state WIC Program.
- NYS recommends that FNS not adjust the maximum value of the vouchers in whole dollar increments to reflect the sum of annual, unrounded increases in inflation using the Consumer Price Index (CPI). NYS proposes that FNS adjust the maximum value of the vouchers at a minimum of \$.50. This is based on using data from the Bureau of Labor Statistics showing that it will take approximately 51 months for the children's food package to increase by \$1, and 39 months for the women's package to increase by \$1. Therefore, it will take approximately four years for the child's food package and three years for the women's package to reach the fully intended original value.



## **Whole Grain Breads and Cereals**

- NYS supports the standard of identity for whole grain foods (fifty-one percent whole grain and 11% fiber).
- NYS supports the addition of whole grain breads to the food packages. Bread is not typically sold by the pound so it may be difficult for participants to use checks. NYS recommends that whole grain bread be allowed as one or two loaves. A loaf of bread is the standard industry measurement.
- Implementing the proposed regulation that all breakfast cereals meet the 51% whole grain requirement limits the variety of cereals meeting WIC guidelines and eliminates corn and rice based cereals. This will make it very difficult for those with celiac disease or wheat allergies to utilize WIC cereal benefits. NYS recommends allowing flexibility for states to approve a limited number of corn and/or rice based cereals for those participants who present a need for these cereals.

## **Milk and Alternatives**

- NYS supports providing only fat reduced milk to women as well as children age two and older, and providing only whole milk to children one year of age. This is consistent with AAP recommendations and the 2005 Dietary Guidelines to decrease the consumption of cholesterol and saturated fats.
- NYS supports the limitation of cheese to decrease saturated fat, but recommends increasing this to a two pound limit per month without medical documentation.
- NYS recommends that FNS provide clarification on the qualifying conditions authorizing the issuance of cheese or tofu that exceed substitution maximums for milk. According to the proposed regulations, states could issue cheese or calcium-set tofu up to the maximum allowance of milk with medical documentation of lactose intolerance or "other qualifying conditions." This could potentially create a situation in which up to eight (8) pounds of cheese or twenty-four (24) pounds of tofu would be issued. NYS recommends limiting the substitution of cheese and tofu in these situations.
- NYS supports the addition of calcium-set tofu as a milk substitute. The amount of calcium salts in tofu varies widely; therefore, NYS recommends that states be given the option of choosing which tofu products to allow.
- NYS supports allowing soy beverages as a substitute for milk, but products that meet the minimum nutritional standard described in the proposed regulations do not appear to be widely available. National brands and store brands were evaluated and none meet the minimum nutrient standards. NYS recommends that specifications be changed to industry standards for protein at 6.25 grams and 250 milligrams for potassium per 8 oz serving. This

7

correlates with IOM's statement that protein is no longer a priority nutrient. In addition, potassium can be obtained through the addition of vegetables and fruits to the food packages.

- NYS recommends removing the requirement for medical documentation for children receiving soy beverages. Soy beverage for children may be a cultural/personal preference and not necessarily a medical need. This proposed rule will place a burden on local agency staff due to the amount of time needed to obtain documentation from the health care providers.

### **Eggs**

- NYS supports the reduction of eggs for two reasons: protein is no longer a priority nutrient and the saturated fat and cholesterol content of food packages will be reduced.

### **Canned Fish**

- NYS supports the wider variety of canned fish; however, NYS recommends adding canned chicken as an appealing alternative to canned fish. In addition, recent research has questioned the quantity of mercury in light tuna and canned chicken will allow an additional protein choice for those participants who may choose to avoid tuna altogether.

### **Juice**

- NYS supports the elimination of juice for infants. A study conducted at 49 NYS WIC Programs between 1999 and 2000 by the New York State Department of Health and the Research Institute, Bassett Hospital, Cooperstown, New York supports the IOM's recommendations to reduce fruit juice intake as a strategy for overweight prevention in high-risk children. Results of this study were published November, 2006 in the *Journal of the American Academy of Pediatrics* and entitled Fruit Juice Intake Predicts Increased Adiposity Gain in Children from Low Income Families: Weight Status-by-Environment Interaction.
- NYS recommends the removal of juice and the decrease of formula in Food Package II coincide with the addition of the fruits and vegetables to lessen the impact for participants and to allow the local agency staff to promote the changes in a positive way.

### **Medical Documentation**

- NYS recommends that USDA reviews all areas of the proposed regulation to determine where these requirements can be reduced or eliminated due to the burdensome nature of medical documentation.

### **Nutrition Tailoring**

- The proposed rule prohibits categorical nutritional tailoring. NYS recommends that states be given the flexibility for categorical tailoring based on the ever changing knowledge of nutrition and the evolving cultural composition of our participants.

### **State Authority to Determine Brands**

- NYS supports allowing each state the authority to determine brands as necessary to ensure statewide availability of approved products, to effect cost containment and to limit the number of approved products for certain categories in order to reduce participant and vendor confusion.

### **Administrative**

- NYS recommends that states be allowed the flexibility to determine monthly formula/food issuance amounts. The practice of rounding up to the next whole container of infant foods allows the maximum nutritional benefit to be issued to participants but creates an administrative concern with issuing varying numbers of containers of infant formula and baby foods from month to month. This will create confusion for participants, staff and vendors and educational requirements for all three areas will be extensive.

### **Additional Comments**

- NYS recommends that no pilots be undertaken with the implementation of the proposed regulations. The IOM has recommended changes to the WIC food packages based on the most current nutrition science, therefore these recommendations should not be weakened by imposing an estimated three year timeframe for the testing of these food packages for the partially breastfed infants. In addition, a delay in the full implementation of these food packages will hinder efforts to increase the rate of breastfeeding. NYS recommends that each state be allowed to evaluate the impact of implementing the proposed regulations.
- NYS recommends all categories of changes be implemented at the same time. Adding fruits and vegetables to the women's food package and not the children's food package is burdensome. NYS seeks clarification regarding the implementation plan and suggest that States be allowed the flexibility in implementation of the new food packages.
- NYS recommends that packaging/container sizes not be strictly specified because this compromises states ability to provide the maximum nutritional benefit to participants. The vagaries of food packaging are unfriendly to strict guidelines and quantities of WIC foods must be flexible enough to allow for these market changes. This applies to all foods included in the WIC food packages.

The impact of the recommended changes will be significant for vendors. New milk substitutions and whole grain items present issues with respect to availability and minimum stock requirements. These foods may have a relatively low issuance and requiring all vendors to stock these foods (tofu, soy beverage, and bulgur) will present a burden. NYS recommends allowing states the flexibility for determining minimum stock requirements.



The impact of the recommended changes will be significant for WIC participants. While some food package changes will be positively received by participants, other changes such as the reductions in formula and the deletion of juice may have negative implications for participants. It will be very important for states to begin preparing participants for the upcoming changes to minimize participant confusion and dissatisfaction. Physicians and other health care providers must also be informed of all changes including the increasing requirements for medical documentation.

The NYS WIC Program appreciates the opportunity to submit comments on the proposed rule. NYS is excited to be a part of this new endeavor and we are anxious to introduce these new food package changes to our WIC participants. We look forward to receiving the final rule in 2007.

Sincerely,

Timothy M. Mooney, Director  
Bureau of Supplemental Food Programs  
Division of Nutrition

X \NOU\Bonk\WIC Food Package Proposed Rule\USDA Letter 11 3 06 doc

GSA-29

email 11-06-06 to wichq-sfpd from Michele A. Frizzell [Michele.Frizzell@odh.ohio.gov]

November 6, 2006

Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service  
United States Department of Agriculture  
3101 Park Center Drive - Room 528  
Alexandria, VA 22302

**Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule – Ohio Comments**

Dear Ms. Daniels:

The Ohio WIC program strongly supports improving nutritional health for all WIC participants through the USDA proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children.

The Ohio WIC program has some questions, concerns, and recommendations for your consideration in implementing final and workable rules as follows (comments are sequenced by referenced page for ease of review):

1. V.B.3 Revised Food Packages I and II for Infants – Establishment of Infant Feeding Options (page 44791)

We suggest that States be allowed to have the flexibility with formula issuance to the breastfed infant, rather than withholding formula from all breastfed infants as a whole, during the first month of life. The option of one can of powdered formula as recommended in the IOM Report is sufficient. States would incorporate this option into their existing breastfeeding policies and procedures. Additionally, since the proposed rules suggest issuing amounts of formula based on age, consider decreasing the amount of formula issued in the first two months to 624 ounces (24 ounces/day). Issuance of 806 ounces (31 ounces/day) can encourage over feeding. This will put a truer "supplemental" limit on formula and will give counselors a tool to encourage some breastfeeding mothers to bridge the gap. From ages three through 5 months keep the amount at 806 ounces.

2. V.6.b Powder Infant Formula (page 44792)



need to be rules established to allow the dollar amount on the voucher to pay up to the maximum dollar amount and allowing the participant to pay the overage as is done with the seasonal Farmers' Market Program. This would apply to the adult and child packages as well as the substitution of bananas by one pound weight for infants.

#### 5. E.3. c. Farmers' Markets (page 44799)

We appreciate USDA considering farmers in the writing of these new regulations; however, there are concerns with the statement "such markets would have to meet vendor selection criteria specified at 246.12(g)(3) and would be subject to the vendor agreement requirements outlined in 246.12(h)(3)."

By stating that all farmers would be subject to the vendor selection requirements outlined in 246.12 (g)(3), USDA will effectively eliminate all small farmers from being able to participate. Specifically, minimum foods, peer grouping, above-50-percent criteria, minimum redemptions and monitoring are not feasible or cost effective when working with farmers. Locally grown fruits and vegetables are available for a limited number of months each year; the cost of contracting and monitoring farmers would escalate significantly if these criteria were enforced.

Additionally, stating that farmers would be subject to vendor agreement requirements outlined in 246.12(h)(3) is unrealistic. Many of the provisions listed have not applied to the FMNP due to the administrative burden that would be placed on the farmers. There is not staff or time at a market for a farmer to spend obtaining a signature, date, or to check identification.

If the intent of including farmers in the draft regulations is to phase out the WIC Farmers' Market Nutrition program (FMNP), Ohio recommends adding a subset of selection and agreement criteria which is appropriate and realistic for small farmers.

#### 6. J.4 Milk and Milk Alternatives – Authorized Substitutions for Milk (page 44800-44801)

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per eight ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation. We further ask for clarification on whether flavored soy milk will be allowed and are concerned about the availability of soy milk labeled "calcium fortified." We strongly agree with the reduction of milk/milk products and would suggest setting the amounts for all packages to allow states to offer gallons of milk versus quarts or half gallons. We have found keeping the package to whole gallons results in significant savings.

#### 7. M. Canned Fish (page 44801)

Will flavored fish in a can be authorized? This rule allows for tuna in a pouch which most often comes in flavors and those flavored varieties tend to be more expensive (almost \$1 more than the can), but it does not state flavored or nonflavored varieties, only water or oil. In addition, sardines are packaged in a variety of flavors and this is not clarified. Nor does it clarify the size or cost difference with packaged salmon; for example, a 7.1oz pouch of pink salmon is about \$2.79 vs. pink salmon in a 14.7oz can is about \$3.59 vs. pink sockeye salmon in 14.7oz can is about \$6.39 (almost twice the price as regular pink salmon) It is essential that further definition be provided.

8. M. Juice (pages 44801-44802)

Change in the amount of juice may increase costs since some states currently issue the 46 ounce containers only. Some packages will now have to offer 32 and/or 64 ounce containers to meet prescribed quantities.

9. K. 2 Cereals (for women and children) – Authorized Cereals (page 44802)

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for “wheat-free” cereals based on a medical prescription and urge the Department to include such a provision in the final rule. USDA will need to continue to inform all states of the cereal products determined as allowable under the new rules, and ensure that manufacturers are aware and will respond to reformulation of cereals and ensure that products are readily available on the shelves.

10. P. 9 Revisions in Food Packages III and Their Effect on Food Packages I and II - Coordination with Other Programs that Provide or Reimburse for Formulas – (page 44805)

We are extremely concerned about this section in relation to Medicaid coordination. The statement, “The WIC State Agency would be responsible for providing up to the maximum amount of exempt infant formulas and WIC-eligible medical foods under Food Package III in situations where reimbursement is not provided by another entity,” needs to be clearly defined.

A. When an infant receives Medicaid and WIC, which program is the primary provider of infant formula and which is the payer of last resort? Historically, Medicaid has been the payer of last resort. The new regulations imply that WIC may be the payer of last resort. The regulation needs to be very clear on which program is responsible to pay first.

B. Has this provision been coordinated with the Department of Health and Human Services (DHHS) for Medicaid and is there a comparable, companion regulation being implemented with respect to the coordination requirement? If not, the coordination and comparable regulation needs to take place for State agencies to have support needed for this requirement.

C. Will this require an infant who is potentially Medicaid eligible to apply for and receive Medicaid? Will Medicaid require its recipients to participate in WIC? Historically, an individual is never required to participate in a program if that participation is not wanted by the individual.

11. U.3 Implementation of Revised Food Packages – Breastfeeding Women (pages 44807 - 44808)

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. We urge that the dollar amount for fresh fruits and vegetables provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. In the event that the maximum monthly allowance for fruits and vegetables does not increase for all women, allowing breastfeeding women to receive a larger maximum monthly allowance would provide further incentive and support for breastfeeding.

*We do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, we believe that many women will simply choose to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

The logistics of implementing the final rules on the food packages will create many challenges. Please consider the following:

- Training vendors with their typically high staff turnover and ensuring compliance to vendor rules will be a major on-going undertaking, especially with respect to the substitutions allowed. Vendors will be constantly at risk for procedural violations due to improper substitutions resulting in subsequent civil money penalties.
- Staff in the local projects will require extensive on-going training.
- Participants will need additional training that will add time to each clinic visit.
- Farmers' markets will be reluctant to participate due to the increased administrative requirements.
- Minimum stocking requirements for fruits and vegetables may eliminate or disqualify more vendors, especially the smaller stores.
- Administrative costs will increase for compliance issues and possible increases in disqualifications proceedings.
- The increase in numbers of food instruments as noted above would increase administrative costs and possibly fraud.
- Not all states are in an EBT environment which would make the transition easier and establish more controls.

The Ohio WIC program recognizes that implementing the proposed rule will require extensive planning and consistent, effective communication. We recommend that USDA partner with State agencies and the National WIC Association to ensure a reasonable and flexible implementation time frame of at least one year from the date of publication of the final rule. We further request that consideration be given to implementation requirements as these changes will occur with other mandated changes such as VENA, vendor rules, and monitoring requirements.

We look forward to working closely with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

Michele A. Frizzell, RD, Chief  
Bureau of Nutrition Services

MAF/CH/PAP/pap

c: Julie Mikkelsen, Regional Director



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**Division of WIC Services • Bureau of Maternal & Child Health**

Robert Mills/Jarrett Complex • Box 101106 • Columbia, South Carolina 29211 • Fax (803) 898-0383 • (803) 898-0743

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November 6, 2006

GSA-30

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77", WIC Food Packages Rule

Dear Ms. Daniels:

The South Carolina WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population. The proposed rule provides for complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants.

We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures. We also request additional funding to acquire more breastfeeding peer counselors to provide intensive support to breastfeeding mothers, particularly in the first few weeks after delivery and further support to extend breastfeeding duration for at least one year as recommended.

Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding. We urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of fruit and vegetable vouchers up to the IOM-recommended levels for children and women, and to keep pace with inflation.

late flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. We also urge that children be able to receive soy products without the requirement of medical documentation. We strongly support the IOM recommendation to allow yogurt as a substitute for milk to help promote the intake of calcium.

The South Carolina WIC Program recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages. State agencies are looking forward to fully implementing the proposed rule.

Again, the South Carolina WIC Program enthusiastically and strongly supports the proposed rule. We are convinced that it will serve to minimize vendor stock requirements, reduce the administrative burden on States and local agencies, encourage the growth of Farmers' Markets, support participant choice, and most important, focus attention on chronic disease prevention and control.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

We look forward to working closing with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,



Burnese Walker, WIC State Director  
Division of WIC Services  
Bureau of Maternal and Child Health

W:tw

GSA-32

email to wichq-sfpd 11-06-06 from janet.charles@doh.wa.gov

Please find attached comments from the Washington State WIC Nutrition Program regarding proposed changes to the WIC food package.

We are enthusiastically supportive and appreciative of the intent of the proposed rule. We thank you for the opportunity to comment on implementation issues as they affect WIC participants in the state of Washington

We look forward to working with USDA to implement these changes on behalf the health of women, infants and children.

Janet Jackson Charles, MSW  
State WIC Nutrition Program Director  
Office of Community Wellness and Prevention  
Washington State Department of Health  
111 Israel Road SE  
Tumwater, WA 98501  
360-236-3697  
[janet.charles@doh.wa.gov](mailto:janet.charles@doh.wa.gov)

GSA-32

November 3, 2006

Patricia N. Daniels, Director  
Supplemental Food Programs Division, FNS/USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

**Docket ID Number: 0584-AD77-WIC Food Packages Rule**

Dear Ms. Daniels:

I am writing to express support of the Washington State WIC Nutrition Program for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages. We strongly support the intent of the changes in the proposed rule, which is a significant step forward to improve the overall health of WIC mothers and children, contributing to reductions in obesity and other diet-related chronic diseases.

The key points of our comments are summarized below, listed by content area. A table listing comments in more detail, in addition to other areas of support or concern, is attached.

**Food packages and foods**

- We support the changes proposed in food package II. However, we recommend the amount of infant cereal be reduced.
- We support the addition of commercial infant food fruits and vegetables, and fresh bananas in food package II.
- We support the proposal not to allow low-iron formula through the WIC program.
- We support the clarification that state agencies would not require verification of vitamin C content for 100 percent citrus juices.
- We support all other changes in food package IV through VII, except as noted in the 8 items below.
- We recommend single-grain corn and rice cereals be included, and that certain adult cereals be added for finger foods for developmentally-ready infants.
- We urge FNS to allow states to expand the list to of fruits and vegetables in food package II to include fresh, frozen or other canned fruits and vegetables.
- We urge FNS to reconsider the addition of yogurt in quarts as a milk alternative.
- We urge FNS to establish an alternative minimum nutrient standard for soy beverages.
- We urge FNS to use this opportunity to recognize breastfeeding as a cost containment measure and to allow for conversion of food fund savings to Nutrition Services and Administration when supported by high breastfeeding rates.
- We urge FNS to revise regulations regarding client sanctions to include wording in support of group-based food delivery systems.
- We urge FNS to clarify ages for different infant food packages.
- We oppose requiring medical prescriptions for non-dairy sources of calcium and additional cheese in food packages IV through VII.

#### **Fruits and vegetables**

- We enthusiastically support adding fruits and vegetables to the WIC food package.
- We recommend FNS allow clients to pay the difference when their purchase exceeds the coupon cash value, as one option to simplify redemption.
- We recommend inclusion of white potatoes, which are similar to bananas, parsnips and turnips in nutrient content. Excluding them adds complexity of administering this benefit and will cause confusion at the check-out stand.
- We urge FNS to allow state agencies to determine the dollar denomination on the cash-value food instruments.
- We urge FNS to allow states to utilize existing Farmers' Market Nutrition Program vendor selection and coupon redemption procedures.

#### **Infant formula food packages**

- We support the three infant feeding options for ages 2-5 months, but recommend FNS allow the Certified Professional Authority to tailor the infant formula food package during the first month of life.
- We recommend the amount of infant formula and infant foods be rounded up or down and given at the same level each month, to simply processing significantly.
- We urge implementation of the three food packages concurrently, and oppose piloting the partially breastfeeding food package changes.

- We strongly oppose the proposed rule that the mother must choose either a full formula food package or a breastfeeding food package and no formula. We are concerned this rule will have adverse effects on the WIC client's interest in and ability to breastfeed.

#### **Medical documentation**

- We are concerned the proposed requirement of WIC staff to receive medical documentation prior to providing food packages containing soy-based beverages, tofu, and additional cheese will create barriers to those clients for whom the consumption of these foods may be a cultural/personal preference. We oppose the requirement because the preference is often not a medical issue, the requirement is costly in terms of time and use of the health care system, and it undermines WIC's efforts to provide culturally appropriate foods. Number of populations obtain these foods due to cultural preferences, and not medical need.

#### **Medical formulas / foods**

- We recommend limiting medical foods supplied by WIC to pediatric formulas which are nutrient dense beyond one year of age. Because the administration of medical foods is a very complex solution for a very small percentage of WIC clients (less than 2% of all clients), we would urge you to reconsider the inclusion of all medical foods.
- If FNS does include medical foods, we urge the maximum monthly amount be determined by a nutritional assessment by a qualified dietitian with approval of the client's medical provider.

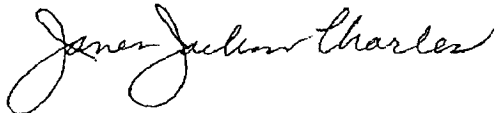
#### **Timeline for implementing juice elimination**

- We recommend the juice elimination be included in the same timeline as the other proposed changes. Implementing one change ahead of a large number of others is inefficient and unnecessarily complicates training of staff and clients.

The Washington State WIC Program urges publication of a final rule by spring of 2007 to assure a timely start in implementing the rule's invaluable changes. We also urge that a longer implementation period be reconsidered to account for necessary changes in automation systems, development of new policies and procedures, and training of staff and retailers. In addition, because these changes are so important to the health of women, infants and children, we request FNS move forward regardless of cost neutrality, and consider supporting implementation by developing a glossary of key words and phrases in multiple languages that can be used by all states.

Thank you for the opportunity to comment on the proposed rule. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

Sincerely,

A handwritten signature in cursive script that reads "Janet Jackson Charles".

Janet Jackson Charles, MSW  
Director, Washington State WIC Nutrition Program

CC: Mary Selecky, Secretary, Washington State Department of Health  
Patty Hayes, Assistant Secretary, Division of Community and Family Health  
Lincoln Weaver, Director, Office of Community Wellness and Prevention  
Chris Townley Policy, Legislative and Constituent Relations  
Brian Peyton Policy, Legislative and Constituent Relations  
Michelle Davis, Policy, Legislative and Constituent Relations

Attachment: "Washington State WIC Nutrition Program: Expanded Comments"

**Attachment: Washington State WIC Nutrition Program:  
Expanded Comments**

**Docket ID Number: 0584-AD77-WIC Food Packages Rule**

<b>1.</b>	<b>Food Package II – Infants 6 through 11 months - 246.10(e)(2)</b>  <b>We support the changes proposed in food package II. However, we recommend the amount of infant cereal be reduced, and support adding certain adult cereals for finger foods for developmentally-ready infants.</b> Our experience indicates most infants do not consume the volume of infant cereal WIC provides. This presents is an opportunity to reduce food costs without affecting clients' nutrient intake.
<b>2.</b>	<b>Food Package II - Infant fruits and vegetables - 246.10 (c) (1) and (c) (2) B7a</b>  <b>We support the addition of commercial infant food fruits and vegetables, and fresh bananas in food package II.</b>
<b>3.</b>	<b>Infant formula</b>  <b>We support the proposal not to allow low-iron formula through the WIC program.</b>
<b>4.</b>	<b>Juice</b>  <b>We support the clarification that state agencies would not require verification of vitamin C content for 100 percent citrus juices.</b> This reduces an administrative burden and avoids additional expense for development of client and staff education materials.
<b>5.</b>	<b>Whole wheat bread or other whole grains</b>  <b>We recommend that single-grain corn and rice cereals be included.</b> These cereals are necessary for participants with special conditions, such as those allergic to wheat or gluten-intolerant. Making these cereals available to all clients minimizes confusion at the check-out stand.
<b>6.</b>	<b>Infant fruits and vegetables - 246.10 (c) (1) and (c) (2), B7a</b>  <b>We urge FNS to allow states to expand the list to include fresh, frozen or other canned fruits and vegetables.</b> This addition will support parents in progressing textures and appropriate feeding skill development for infants. It would also reduce the risk of parents limiting or restricting the infant's feeding development by only feeding commercially processed strained foods through the first year of life.
<b>7.</b>	<b>Cow's milk</b>  <b>We urge FNS to reconsider the addition of yogurt in quarts as a milk alternative.</b> The cost of yogurt is less than Lactaid milk in most markets and is

**Attachment: Washington State WIC Nutrition Program:  
Expanded Comments  
Docket ID Number: 0584-AD77-WIC Food Packages Rule**

	culturally more acceptable to many WIC families.
<b>8.</b>	<p><b>Soy-based beverage</b></p> <p><b>We urge FNS to establish an alternative minimum nutrient standard for soy beverages.</b> Currently no calcium-fortified soy beverages in the marketplace meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. We recommend the specifications for protein and potassium in calcium-fortified soy beverages follow the FDA and industry standards for protein, at 6.25 grams minimum and for potassium at 250 milligrams per 8 ounce serving. Since protein is no longer a priority nutrient, and the addition of fruits and vegetables contributes to the food package potassium content, this adjusted specification will not adversely affect the nutritional needs of participants who substitute soy beverages for cow's milk.</p>
<b>9.</b>	<p><b>Cost containment</b></p> <p><b>We urge FNS to use this opportunity to recognize breastfeeding as a cost containment measure.</b> We recommend a revision to 7 CR 246.16 and 16a to allow for conversion of food fund savings to NSA when supported by high breastfeeding rates. Breastfeeding reduces or may eliminate clients' purchase of infant formula. This cost savings is most effectively converted to NSA and directed to lactation support. The duration of breastfeeding can be positively impacted with the availability of 24-hour telephone and/or in-home lactation support.</p>
<b>10.</b>	<p><b>Participant sanctions - 246.12 (u), 246.23(c)(1)</b></p> <p><b>We urge FNS to revise <i>Participant violations and sanctions and Claims against participants</i> wording in support of group-based food delivery systems.</b></p> <p>State agencies and children would be better served if these regulations clearly addressed "caregivers" instead of "participants" when dealing with violations, sanctions and claims. As currently written, these regulations disqualify "participants" – innocent children and infants – from the program due to the caregivers' actions.</p>
<b>11.</b>	<p><b>We urge FNS to clarify ages for different infant food packages.</b></p> <p>Some age group terminology is unclear. For instance, page 44815 of the proposed rules states, "during the first month after birth" and "two through five months". It is challenging to determine what applies to infants between the age of one month and two months. To ensure clear policies and effective software we encourage FNS to state ages such as "infants from the first day of their 6<sup>th</sup> month through the last day of their 11<sup>th</sup> month."</p>



**Attachment: Washington State WIC Nutrition Program:  
Expanded Comments**

**Docket ID Number: 0584-AD77-WIC Food Packages Rule**

12.	<p><b>Food Package IV through VII - 246.10(e)(4 – 7)</b></p> <p><b>We oppose requiring medical prescriptions for non-dairy sources of calcium and additional cheese for food packages IV through VII.</b> Such a requirement does not respond to personal and cultural preferences and undermines our appeal to diverse populations.</p> <p><b>We support all the other changes in food packages IV through VII.</b></p>
13.	<p><b>We enthusiastically support the addition of fruits and vegetables to the WIC food package.</b></p>
14.	<p><b>Implementation of fresh fruit and vegetable options</b></p> <p><b>We urge FNS to allow clients to pay the additional cost when their purchase exceeds the cash value (7 CFR 246.12) as one option to simplify redemption.</b> Limiting WIC clients to the value of the WIC benefit for a purchase with such variable cost will add confusion and dissatisfaction at the checkout stand. For example: <i>The WIC check allows the purchase of fruits/vegetables in the amount of \$2.00. The checker weighs the cantaloupe and it costs \$2.10. The client is best served if she is allowed to pay the 10 cents herself rather than to give up another \$2.00 WIC check or return the food item altogether.</i></p>
15.	<p><b>Implementation of fruit and vegetable options</b></p> <p><b>We support the inclusion of white potatoes.</b> White potatoes are similar to bananas, parsnips and turnips in nutrient content. Thus, excluding white potatoes adds complexity in administering this benefit and will cause confusion at the check-out stand.</p>
16.	<p><b>Implementation of fruit and vegetable options</b></p> <p><b>We urge FNS to allow state agencies to determine the dollar denomination on the cash-value food instruments</b> so that states can cost-effectively implement these changes within their individual participant and infrastructure environments. It is essential that state agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter-productive.</p>
17.	<p><b>Implementation of fruit and vegetable options</b></p> <p><b>We urge FNS to allow States to utilize existing Farmers' Market Nutrition Program vendor selection and coupon redemption procedures</b> for authorizing Farmers' Markets to participate in the WIC fruit and vegetable cash-value voucher program. We support the option of authorizing Farmers' Markets as a choice for participants to redeem their cash-value food instruments for fresh</p>

**Attachment: Washington State WIC Nutrition Program:**

**Expanded Comments**

**Docket ID Number: 0584-AD77-WIC Food Packages Rule**

	fruits and vegetables.
18.	<b>Food package I for birth through one month - 246.10(e)(1)(i)</b>  <b>We recommend FNS allow the Certified Professional Authority (CPA) to tailor the infant formula food package during the first month of life.</b>
19.	<b>Food Package I: Three infant feeding options for ages 2-5 months - 246.10(e)(1)(ii)(B)</b>  <b>We support the three infant feeding options for ages 2-5 months, with the exception of recommending a CPA tailor the infant formula food package during the first month of life.</b>
20.	<b>Proposed methodology to round up and disperse infant formula and infant foods - 246.10(h)(1)</b>  <b>We recommend infant formula and infant foods be rounded up or down and given at the same level each month.</b> To do otherwise creates an integrity issue, cost for information system modifications, local agency staff time, and additional time for client education.  Our current automated system does not have the capacity to vary food quantities among the three months for which we issue checks to most clients. Major information system changes would be required to implement varying quantities.
21.	<b>Pilot to implement the partially breastfeeding food package changes</b>  <b>We urge implementation of the three breastfeeding/formula food packages concurrently and oppose piloting the partially breastfeeding food package.</b> Piloting will delay implementation of the food package for a partially breastfeeding woman. We are concerned women will simply choose to formula feed.
22.	<b>The impact of proposed changes on breastfeeding rates - 246.10(e)(1)(i), 246.10(e)(1)(ii)(B)</b>  <b>We strongly oppose the proposed rule requiring the mother choose between breastfeeding and no formula, or declaring she is formula feeding in the infant's first month of life.</b> We are concerned that this rule will decrease a WIC client's interest in and ability to breastfeed. A new mother having to choose between no formula or a full package the first month of life will likely choose the formula "just in case". Having substantial amounts of formula ready at hand supports use of formula rather than seeking help with breastfeeding.
23.	<b>Medical documentation - 246.10: (d)(vi)(vii)(viii)</b>  While we support the need for medical documentation for non-contract brand

**Attachment: Washington State WIC Nutrition Program:  
Expanded Comments**

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	<p>formulas, exempt formulas, medical foods and foods for medically fragile clients, <b>we express concern about requiring medical documentation prior to providing food packages that contain soy-based beverages, tofu, and additional cheese.</b> If WIC limits the availability of these foods to instances of medical necessity, the client is prevented from purchasing these foods based on cultural or personal preferences. Requiring medical documentation is also costly.</p> <p>Furthermore, requiring a “prescription” does not fall under the FDA rules for prescribing medically controlled products.</p>
24.	<p><b>Maximum monthly allowances for WIC-eligible medical foods</b></p> <p><b>We recommend limiting medical foods supplied by WIC to pediatric formulas which are nutrient dense beyond one year of age (e.g. Pediasure, Kindercal, and Resource). Because administration of this benefit is a very complex solution for a very small percentage of WIC clients, we oppose the inclusion of all medical foods.</b> WIC is a preventive health program, focused on primary prevention, not the treatment of disease. Implementing a system for medical food in WIC creates hardship to local staff and clients. Just as we are concerned about requiring a physician to “prescribe” alternate foods such as tofu and soy based beverages, we are concerned about requiring WIC to manage medical foods for medically fragile clients. Clients with such needs should be referred to primary care providers and counseled to seek Medicaid or insurance coverage regarding medical foods administration and cost.</p> <p><b>If FNS does include medical foods, we recommend the maximum monthly amount be determined through a nutritional assessment by a qualified dietitian with approval of the client’s medical provider.</b></p>
25.	<p><b>Six month implementation of the juice elimination from infant food packages</b></p> <p><b>We recommend the juice elimination be included in the same timeline as the other proposed changes.</b> Including this change along with a substantial list of other changes is more efficient.</p>
26.	<p><b>Participant nutrition education</b></p> <p><b>We urge FNS to assist states with their training needs by developing a glossary of key words and phrases in multiple languages.</b> Washington WIC routinely translates materials into eight languages. For certain languages like Spanish, numerous dialects are an issue. The English messages must be developed and tested, then translated and tested again for accuracy and clarity. All states will be developing educational messages and translations. A tested glossary of words and phrases will speed implementation nationwide.</p>

**Attachment: Washington State WIC Nutrition Program:  
Expanded Comments  
Docket ID Number: 0584-AD77-WIC Food Packages Rule**

27.	<p><b>Alternative ways to achieve cost neutrality</b></p> <p>Washington State WIC offers the opinion that there is no cost neutral way to appropriately update the WIC food package to meet both the nutritional needs and cultural needs of WIC families. However, it is vital that we continue to evolve our authorized foods to truly address the nutritional and cultural needs of WIC families.</p> <p><b>We urge FNS to move forward with implementation of major food changes regardless of cost neutrality.</b> In the event food funds will not support current service levels, we know the program's priority system assures that clients who are the most in need of WIC supplemental foods will be served first.</p>
28.	<p><b>Timeline for implementation</b></p> <p><b>We strongly recommend FNS to consider a longer period for implementation. The changes needed to Washington's automation system alone could take 18 months, and with subsequent training of clients, staff and retailers, we estimate we may need three years for total implementation if we are to do so without major disruption of other program functions.</b></p> <p>Specific steps required by the Washington State program for implementation are:</p> <ul style="list-style-type: none"><li>• Select specific foods, including what, if any, additional rebates may be appropriate, and if possible, do a multi-state bid.</li><li>• Develop and get federal approval on new policies and procedures.</li><li>• Adapt our automation system. Not only will extensive changes need to be made in the food packages offered, the addition of a cash benefit requires major reprogramming. Design, development, testing and deployment are estimated to take three years if food instruments (i.e. checks) are used. It will take five years if a form of EBT is used. (Washington State WIC cannot implement EBT without additional funding. EBT is the preferred food delivery option for WIC, especially with the addition of a cash benefit. FNS encourages states to seriously consider EBT in the preamble, yet FNS regional offices state they are not in a position to fully fund WIC EBT. This leaves states with no option but to "fix" their current food delivery system to accommodate a combined food quantity and cash quantity food instrument.)</li><li>• Develop new nutrition education materials for clients, including translating and field testing. In Washington we routinely translate into eight languages.</li><li>• Train local staff, retailers and clients on the new packages and processes.</li><li>• Change Washington Administrative Code and retailer contracts.</li></ul>

GSA-33

November 6, 2006

Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive  
Room 528  
Alexandria, Virginia 22301

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The Kansas WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population.

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. **We do not support** the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, we believe that many women will simply choose to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

The proposed rule introduces a definition of partial breastfeeding that we feel will maximally support breastfeeding. However, we believe there will be situations in which breastfeeding infants will need some supplemental formula and therefore suggest that one can of powdered formula be allowed in the first month. We also recommend that the restrictions on formula for fully breastfeeding infants be piloted.

Food Package III will be liberalized, allowing the CPA to add up to the maximum amount of other WIC foods as tolerated by the WIC client. The State of Kansas WIC Program supports this improvement which prevents women and children receiving special formula from having to decide between receiving a special formula or the foods provided by a standard food package. CPAs will need to carefully evaluate the participant's needs and abilities in tailoring Food Package III. However, the proposal implies that a prescription will be required to issue foods other than formula to participants covered under Food Package III. For example, a prescription would be required for a woman to receive cereal or a child to receive infant fruits & vegetables.

This would be burdensome to agencies and the physicians that oversee their health care. We suggest eliminating this requirement and leaving the decision to the professional judgment of the CPA.

The new maximum amounts of juice are not evenly divisible by either the 46 or 64 oz cans of shelf stable juice or 12 oz containers of concentrated juice. This could cause confusion, be an administrative burden to vendors and make it difficult for consumers to purchase the full amount allowed. The 12 oz containers of concentrated juice are the most economical form; therefore, we suggest that be the standard size. The 12 oz containers of concentrated juice reconstitute to 48 oz fluid juice and we recommend that the maximum amounts of juice in Food Package IV be increased by 16 oz to 144 oz or 3 containers.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule. In addition, the proposed rule states that breakfast cereals must be at least 51% whole grain. Since the amount of whole grains by weight or percentage is not listed on food labels, this definition will make it difficult for states to identify appropriate products. We recommend that USDA replace its proposed definition of whole grains and replace it with one based on the definition from the Healthier US School Challenge. The Healthier US School Challenge definition for a whole grain food includes any foods with a whole grain as the *primary* grain ingredient in the ingredient statement. Examples of a whole grain ingredient include the terms "whole wheat flour," "entire wheat flour," "cracked wheat," "graham flour," "brown rice," "old-fashioned oatmeal," "quick-cooking oats," and "cornmeal."

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation.

Children and women WIC clients will benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. Also, we recommend that the final rule require that the value of the fruit and vegetable benefit regularly receive cost of living adjustments and not leave the cost of living adjustments optional as proposed.

Farmers' markets would be a great option for WIC participants when they are shopping for fresh fruits and vegetables. However, because the proposed rule requires that States use existing vendor selection criteria and vendor agreement requirements, **no state would be able to authorize farmers for the following reasons:**

- Farmers' markets do not meet the existing federal selection criteria. 246.12(g) (3) (ii) states, "The State agency must establish minimum requirements for the variety and quantity of supplemental foods that a vendor must stock." Farmers would have to maintain a minimum quantity of supplemental foods, such as infant formulas, that they traditionally do not carry.
- Farmers generally do not sell their products from fixed locations. Current definition states "Vendor means: Each store must have a single, fixed location, except when the authorization of mobile stores is necessary to meet the special needs described in the State agency's State Plan..."
- Farmers would be held to current monitoring requirements including audits. Audits require vendors to produce invoices which would not be possible for the farmers as they produce the product they sell.
- Creates an untenable administrative burden by adding farmers' market vendors to the existing caseload of vendors. The farmers must be reviewed for authorization, trained, and monitored.
- Current criteria used to select WIC food vendors states, "the prices the food vendor charges for foods in relation to other stores in the area or other stores of similar size and/or volume". The current FMNP does not collect prices for items sold. WIC would be required to compare farmers' prices to regular vendor prices under the proposed rule.

The Kansas WIC Program recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. We are looking forward to fully implementing the proposed rule. We recommend that USDA partner with the National WIC Association, State agencies, store representatives and food manufacturers to address product composition and availability, policy development, and training.

Implementation of the changes will require a large number of hours in preparation time, for research, policy development, training, materials reproduction. USDA should work with State agencies to assure a reasonable and flexible implementation timeframe of at least 18 months from the date of publication of the final rule.

Again, the Kansas State WIC Program enthusiastically and strongly supports the proposed rule. The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding.

12/18/2006

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Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

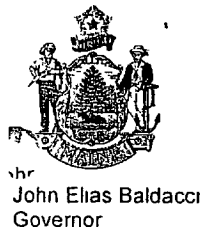
**We look forward to working closing with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.**

Sincerely,

A handwritten signature in black ink that reads "David A. Thomason". The signature is written in a cursive, flowing style.

David A. Thomason, Director  
Kansas Department of Health and Environment  
Nutrition and WIC Services





## Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention  
(Formerly Bureau of Health)  
286 Water Street  
11 State House Station  
Augusta, ME 04333-0011

Brenda M. Harvey  
Commissioner

Dora Anne Mills, MD, MPH  
Public Health Director  
Maine CDC Director

**GSA-34**

Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302  
November 6, 2006

Dear Ms. Daniels,

The Maine WIC Nutrition Program supports USDA in making changes to the WIC Food Packages, a move long overdue to help improve the nutritional health of WIC participants. There are concerns about the administrative aspects of this change, however, that we would like to express.

**Teaching Participants:** Maine WIC State Agency staff has concerns that the scope of the changes will create a difficult process for local agency staff in teaching WIC participants how to spend WIC checks. The initial appointment, which includes so many details, including certification, risk determination, education and orientation to spending checks, allows little time for teaching clients the finer points of the WIC approved foods list. Parents frequently come to appointments with one or more small children and are barely able to pay attention to health and lifestyle recommendations, much less being able to understand all the details contained within the approved/non-approved food list. Local agency staff time will be constrained with teaching clients about the new WIC approved foods.

**Vendor concerns:** Maine WIC State Agency staff has concerns about the vendor's ability to ensure that all cashiers are sufficiently trained to make judgment calls on the many items that are available in their stores. The addition of many different items along with many restrictions will potentially add more time to the check out procedure. The majority of stores in our state do not have WIC flag systems, requiring cashiers to scrutinize labels. With such a large scope of changes, it will be impossible to avoid both cashier and participant mistakes. We are committed to providing WIC clients with as normal a shopping experience as possible. We do not support delays in the checkout procedures that potentially cause embarrassment or call undue attention to our clients. With so many options, cashiers will be required to read and understand the labels before accepting a purchase. This puts a burden on both the cashier and the client. In addition, compliance buys may likely result in disqualifying vendors because of mistakes made by cashiers. In rural areas, loss of vendors puts an undue burden on clients who would be forced to travel to another store in order to purchase WIC approved foods.

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[www.mainepublichealth.gov](http://www.mainepublichealth.gov)



John Elias Baldacci  
Governor

## Maine Department of Health and Human Services

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Brenda M. Harvey  
Commissioner

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Maine CDC Director

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## Approved foods:

### *Vegetables/fruits:*

- We agree with the need to add fruits and vegetables to the WIC food package in order to align with current Dietary Guidelines. However, the administration of these proposed rules may be an exercise in confusion for both participants as well as vendors.
- Maine vendors have expressed a concern to us about the exclusion of white potatoes. This impacts a vital agricultural commodity in Maine and may be viewed negatively by farmers as well as others in our state. It may also be a point of confusion at the checkout, as all other fresh produce would be allowed. White potatoes are nutritious and certainly can be part of a healthy diet.
- We have concerns that we would be asking vendors to have clerks make many decisions during a WIC transaction in order to decide what product has no added sugars/fats/oils/salt. Clerks will not have time to read labels, nor are they trained as nutrition experts. **Keeping the rules simple** will reduce the likelihood of errors and is essential with this magnitude of a change in the WIC food list.
- There are too many product codes for State Agencies to specify allowable products for scan support systems. New products are continually coming on the market and will be extremely difficult for vendors that have these systems to keep up with.
- Because of all of the exclusions, it will be very difficult for State Agencies to provide food lists that are easy for participants and vendors to understand.
- The list of exclusions in and of itself represents program complexity and administrative burden.
- Compliance buys could result in disqualification of many authorized vendors, since we anticipate errors at the point of purchase, especially with canned and frozen items.
- The intent of the addition of fruits and vegetables is good. However, the proposed rules are too complicated for both clients and vendors. We recommend that the rules be simplified in any way possible to avoid confusion for staff at State and local agencies, as well as clients and vendors.

### *Canned beans/peas*

- We envision much confusion at the point of purchase between “canned beans” and other canned bean products—most people think of canned beans as green beans.
- Most people, including our clients and store clerks, do not know the meaning of “mature dry beans”. Terminology with this item may be confusing. Nutrition education may attempt to teach the client, but store management and clerks will be very difficult to reach.

### *Whole Wheat Bread/Other Whole Grains*

- We are confused as to why children receive 2 pounds per month and women receive only 1 pound.
- Whole wheat breads will be a difficult item for vendors to identify easily. It is anticipated that there will be confusion for clients and vendors. Nutrition education may be directed to participants, but vendor management and clerks will be difficult to reach.

### *Milk and Milk Alternatives*

- The market for soy beverages and tofu has grown in the past few years. We anticipate potential confusion with clients as well as vendors but understand it will be similar to confusion over the new milk products that have come on the market.
- We support the addition of milk alternatives, the change to lowfat milk only for women and children over the age of 2, and the limit on cheese issuance.

### *Cereal*

- Is USDA aware of plans by cereal manufacturers to increase the number of cereals that would meet the proposed requirement for whole grain content? At the present time, there would be few cereals to choose from.

### *Canned Fish*

- We agree with the additional amount and types of fish.

### *Peanut Butter*

- We support the addition of lowfat peanut butter as an option.

### *Infant Foods*

- Jarred baby foods will potentially pose confusion at the check out. For instance, Beech Nut Stage 1 foods come in 2.5 ounce jars, while Stage 2 foods are 4 ounce jars. In stores without scan support systems, clerks will have to add up ounces at the point of purchase, creating more opportunity for error.
- The fresh banana substitution, although a nice idea, is impractical. This is most likely an option that we would not want to implement in our state.

### *Additional Administrative Cost Burden*

- The additional foods proposed will result in significant changes to Management Information Systems. There will be increased costs for printing and check stock as well as higher check processing fees.
- The additional foods proposed will also increase printing costs for approved foods lists, as they will be much longer and will require a great deal more text and pictures to clearly describe approved and non-approved foods.

### *Food Package I and II*

- Maine WIC staff is concerned about the deletion of formula as an option for partially breastfed infants during the first month of life. The intent of the change is understood to promote establishment of breast milk supplies. However, the unintended result may be to encourage women to make a decision to fully formula feed if they have any lack of confidence in their own ability to nourish their babies. Without a more comprehensive approach to breastfeeding support, including well-staffed Peer Counseling programs in

all local agencies, we anticipate shorter breastfeeding duration from this proposed change.

- Maine WIC is concerned about the decrease to 20 ounces of formula per day for fully formula fed infants at six months of age. This decrease in formula issuance happens at the age when infants are just beginning to eat solid foods. Until babies are well established on solid foods (usually 8-10 months of age), formula intake normally continues to be much greater than 20 ounces per day. WIC families seldom have the financial resources to purchase the extra formula their babies need above current issuance, much less if issuance is reduced to the proposed amount. We anticipate negative feedback from clients and possibly their doctors as well.

Overall, there will be much more responsibility placed on store clerks to make quick decisions that will affect vendor authorization. When problems at the checkout arise, it can bring embarrassment to participants. This may have an effect on client retention. Maine WIC supports the changes to improve the nutritional needs of WIC participants, but urges USDA to consider rules that will be simple to interpret and implement for all parties—State and local agencies, as well as clients and vendors.

Sincerely,

Karen Gallagher, MS, RD  
Nutrition Coordinator  
Maine WIC Nutrition Program  
286 Water Street, 6<sup>th</sup> Floor  
Augusta, ME 04333-0011



Attached are comments from the South Dakota State WIC Program- Pierre SD

thanks,  
Melissa Berg RD, LN  
Nutrition Consultant/Training Coordinator  
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Sioux Falls, SD 57104  
Phone: 605-367-7495  
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[11/3/2006]

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

South Dakota WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The intent of the revised regulations is to improve the nutritional health of all WIC participants. The revisions are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long-term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for a Change." It follows the advice of the Institute, which stated that the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns in the WIC community. The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population. The Department's aim is to add

new foods while preserving cost neutrality. To cover the cost of the new foods, WIC will pay for less juice, eggs and milk that have been staples of this extremely successful public health nutrition program, which helps feed more than half the infants born in the United States.

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. We *do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, we believe that many women will simply choose to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1). no formula, or we would like to suggest option two be 3 or less cans of formula. We feel the options of no formula or one can of powdered formula are too restrictive and may discourage mothers with certain circumstances to choose formula over breastfeeding. Some women may want to breastfeed but may need reassurance or a little formula supplementation such as the women who have to return to work shortly after birth that may not have the ability to pump as much as necessary and in the case of premature infants in which supplementation is needed according to doctors recommendations We feel a less restrictive option is needed to support and encourage mothers in these types of situations and others to continue breastfeeding.

The proposed rule provides for complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

The food package recommendations support scientific research findings, which suggest that increasing fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.

We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. Setting an arbitrary vendor stocking level at two as suggested in the proposed rule will not encourage



State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers as demonstrated in the three highly successful pilot projects recently conducted in California and New York. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

South Dakota is concerned about the proposed process of having to calculate and disperse the infant formula over the timeframe of the food package category and infant feeding option. Due to the complex nature of issuance we feel states will be faced with considerable administrative challenges related to programming of MIS/computer systems, voucher issuance and staff and participant training. This concern carries into the issuance of infant cereal and infant baby foods.

South Dakota State WIC Program recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages and without exception. State agencies are looking forward to fully implementing the proposed rule. South Dakota feels a timeframe of no less than two years from the date of publication of the final rule is reasonable for implementation. Due to the complexity of programming MIS/computer systems and time needed for communication and education with vendors, staff and participants, a one year time frame does not allow adequate time for changes to be made in manner that will allow for a smooth transition and quality implementation.

Again, the South Dakota WIC program enthusiastically and strongly supports the proposed rule. We are convinced that it will serve to support participant choice, and most important, focus attention on chronic disease prevention and control.

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The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

We look forward to working closing with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

South Dakota State WIC Program

Brent D. Sherard, M.D., M.P.H., Director and State Health Officer

Governor Dave Freudenthal

GSA-36

37-NP

November 3, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service/USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302  
RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The Wyoming WIC Program strongly supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. The intent of the revised regulations is to improve the nutritional health of all WIC participants. The revisions are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participant cultural food preferences and address the nutritional needs of the most vulnerable women, infants and children in the nation.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academy of Science in the report, *WIC Food Packages: Time for Change*. It follows the advice of the Institute, which stated that the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns in the WIC community. The changes in the proposed rule are consistent with WIC nutrition education messages promoting healthier lifestyles and food choices to reduce the risk of chronic disease and to improve the overall health of the diverse WIC population. The Departmental aim to add new foods while ensuring cost neutrality by reducing the juice, milk and eggs in food packages is supported by IOM recommendations to replace juice with fruit and vegetables, and by food package redemption statistics (particularly evident with EBT when participants are allowed to purchase what they want throughout the month as opposed to having to purchase everything on a check or forfeit the foods). We believe WIC participants in Wyoming will be pleased with the new food package options which supply a wider variety of nutrients to WIC families.



Brent D. Sherard, M.D., M.P.H., Director and State Health Officer

Governor Dave Freudenthal

The proposed rule also strengthens breastfeeding outcomes in the WIC Program by providing enhanced breastfeeding support in the first six months, and the addition of complementary foods like fruit, vegetables and meat through the first year of life. However, the Wyoming WIC Program does not support the recommendation to pilot test the food package for the partially breastfeeding women. With a delay in implementation of this food package, we believe many women will choose to formula feed instead. We recommend that fully breastfeeding, partially breastfeeding, and fully formula feeding food packages should be implemented simultaneously with the pregnant, breastfeeding and post partum food package changes. In addition, we suggest states be given the option to provide the fully breastfeeding infant 1) no formula or 2) one can of formula in the first month of life, as recommended in the IOM Report. We feel it is important to provide minimal supplementation to support breastfeeding women who have fears regarding lactation. We also support the proposed Food Package III for all infants with qualifying medical conditions requiring supplementation of exempt formulas. Wyoming supports rounding up as a state option for exempt infant formulas and WIC eligible foods to allow for maximum issuance of various food package sizes. However, we recommend that USDA develop an alternative solution to the proposed rounding up methodology for infant formula that allows for consistency in the number of cans of formula provided each month. For the partially breastfeeding infant, Wyoming WIC supports the proposed food package rule providing breastfeeding infants with half the formula of the fully formula fed infant, and the addition of one half the fruit and vegetables of the fully breastfeeding food package to fully or partially formula fed infants.

For adult women and children, we believe both categories of participants will benefit from the addition of fruit and vegetables. Increasing fruit and vegetables in the diet is associated with reduced risk for obesity and chronic disease such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruit and vegetables also provide nutrients lacking in the WIC participant diet, such as vitamins A, and C, folate, potassium and fiber. However, to stay consistent with how WIC food packages are currently provided, we suggest that a set amount of fruits and vegetables be prescribed per participant per month (e.g., 3 pounds per month for a child) vs. the cash value option. This would alleviate the concern that participants in rural areas who only have access to smaller grocery stores will have less "buying power" than those able to shop at larger stores. Additionally, given how current WIC EBT systems are designed according to the concept of approving specific Universal Product Codes (UPC) within the various food categories/sub-categories, we have a concern about how to add bulk fruits and vegetables to the food package since these products are identified by Price Look Up (PLU) codes that vary by store (even within the same chain) for the same fruit or vegetable. Trying to maintain a database for each store with all PLU's would be extremely burdensome for State Agencies. Therefore, we would recommend that states be given the flexibility to promote produce selections that come in standardized packaging with a standardized UPC, are locally accessible, culturally appropriate, affordable, and practical regarding food storage, preparation and cooking options. If the final rule does, in fact, end up stipulating a cash value of \$8 and \$6 per month, respectively, for women and children, we would recommend the increase to \$10 for fully breastfeeding women to provide an additional incentive to breastfeed. Also, we would request that the State Agencies be allowed the discretion to determine the dollar denomination of the cash value

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in partnership with vendors to assure appropriate redemption levels, as well as to determine the minimum vendor stocking requirements. This gives states the capability to partner with vendors to promote maximum number and variety of produce items.

The proposed rule offers calcium-set tofu and vitamin D-rich soy beverages as partial milk substitutions and alternatives. These alternatives will prove to be particularly beneficial to WIC participants who suffer from milk protein allergies, lactose intolerance, and cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge 6.25 grams of protein and 250 milligrams of potassium per 8 oz serving as alternative minimum standards in order for WIC women and children to be able to include soy in the diet; and that children be able to include soy in the diet without medical documentation.

The introduction of whole grains in the proposed food package changes is consistent with the *2005 Dietary Guidelines for Americans* which recommend whole grains replace refined grains in the diet. We also support the IOM recommendation to allow states flexibility to provide *wheat free* options to our participants, but instead of the medical prescription requirement, we prefer putting a small amount of *wheat free* options on the food list to decrease administrative burden at the clinic level. In addition, we believe children and women with Celiac Disease should be able to receive *gluten free* whole grain breads and cereals that are exempted from the minimum iron and whole grain requirements. Currently, there are no *gluten free* products that meet the iron requirement, leaving many children and adult women with this disease with no grain options. We urge USDA to include a provision addressing these issues in the final rule.

Regarding categorical tailoring and food substitution requests, we are opposed to the removal of the State option to categorically tailor or propose food substitutions. With the rapid changes in food industry, science, demographics and other factors, it is essential that States be allowed the ability to revise food lists to keep pace with the needs of their participants.

Finally, the Wyoming WIC Program recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits for all WIC participants will need to be inclusive and carefully crafted to achieve success. There is great anticipation among state agencies regarding the revision of the final food package rule. We recommend USDA partner with state agencies and the National WIC Association to assure a reasonable implementation time frame of at least eighteen to twenty four months from the final rule publication date. Extending the implementation time frame will allow for appropriate staff training, participant education and *buy in* of the food package revisions, as well as facilitating any administrative or computer system changes needed to implement the new rule.

In conclusion, the Wyoming WIC Program strongly supports the proposed food package rule. We believe the new proposed food packages will minimize vendor stock requirements, reduce the administrative burden on state and local agencies, support participant and culturally acceptable food

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Governor Dave Freudenthal

choices, and focus attention on chronic disease prevention by providing greater amounts of priority nutrients identified by the IOM as nutrition-related health priority in the WIC population. In addition, the new food package rule will promote and support exclusive breastfeeding, and provide WIC professionals with the tools to reinforce current nutrition education messages.

WIC is the premier public health nutrition program in the nation. The long term benefits of the new food package rule with fruit and vegetables, low fat dairy products and whole grains, and additional incentives for fully breastfeeding women will help the WIC Program promote better health outcome for WIC participants. We look forward to working closely with USDA to implement the proposed rule and urge finalization of the new rule no later than spring 2007.

Sincerely,

Janet Moran, RD, MS  
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Wyoming WIC Program  
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Cheyenne, WY 82009

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GSA--37

EMAIL 11-06-06 FROM Fogelman, Chris [cfogelman@mt.gov]

Dear Ms. Daniels,

On behalf of Joan Miles, I am sending the comments from the Montana Department of Public Health and Human Services and the Montana WIC Program. I have inserted a copy of the letter and also attached a copy.

November 2, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service-USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Package Rule

Dear Ms. Daniels:

The Montana WIC Program strongly supports USDA's proposed rule governing the WIC Food Package revisions published in the Federal Register on August 7, 2006. We applaud some of the changes proposed for the WIC food package such as the inclusion of fruits and vegetables, increased emphasis on whole grains and the limiting of juice. These changes in the food package reflect the nutrition education messages we provide for our participants.

We were glad to read the intent of the proposed rule to support breastfeeding, as this is a major focus of the WIC Program. However, we have concerns with the apparent diminished value of the enhanced breastfeeding food package when compared to the other food packages for women. Currently women receiving no formula from WIC receive an extra pound of cheese, an extra container of juice, both dried beans and peanut butter, two-pounds of carrots and 26-oz. of canned tuna. Under the proposed changes, the "enhancement" of the enhanced breastfeeding package will be only an extra pound of cheese, a half-gallon of milk, a dozen eggs and 30-oz. of canned fish.

The proposed breastfeeding with supplemental formula food package also does not differ greatly from the postpartum woman food package. Under the proposed changes, the postpartum woman will receive one less can of juice, no pound of bread, either dried beans or peanut butter and six-quarts less milk. We believe our participants will perceive the nearly doubled amount of formula for a fully formula-fed infant of much greater value in the tradeoff.

Currently, breastfeeding mothers may receive formula from WIC to supplement their breastmilk. Under the proposed rule, no formula may be provided to a breastfeeding mother during the first month after her infant's birth. Many of our participants return to work or school soon after delivery and plan to supplement with formula early on. While the intentions may be good to

discourage early supplementation, these participants are likely to choose the full formula package vs. receiving no formula at all and are thus more likely to discontinue breastfeeding very early.

Additionally, mothers with infants who are breastfeeding and receiving supplemental infant formula may decide to discontinue breastfeeding due to the limited amount of supplemental formula available to the infant. The amounts offered will allow only 10 to 15 ounces per day for supplementation. While we would love to see our mothers who return to work or school, pump and feed their infants their own breastmilk, this is not always feasible. We believe the low levels of supplemental infant formula offered to partially breastfeeding mothers will result in more of these mothers discontinuing breastfeeding, whether or not they are counted as participants.

The proposed rule calling for varying amounts of complementary infant fruits and vegetables, while enhancing the infant food package, also does little for encouraging breastfeeding. Providing the almost four additional ounces per day of infant fruits and vegetables and the baby food meats for the exclusively breastfed infant may, when inappropriately offered, replace nutritious breastmilk and other introductory foods.

We encourage the consideration of modifying the infant food package for 9-12 month old infants to include more developmentally appropriate foods such as small chunks of additional fruits and vegetables (beyond bananas) and other finger foods. Continuing to provide pureed and strained infant fruits and vegetables beyond the age for introduction of these foods may encourage parents to delay the progression to age-appropriate foods with greater texture for their infants. One suggestion would be to provide an equivalent dollar amount of fresh, canned or frozen fruits and vegetables, rather than pureed infant foods. This change would more closely reflect the nutrition education messages we provide for our participants - encouraging parents to offer foods similar to other family members and to make wise food choices.

The same consideration should be given to the provision of infant food meats for exclusively breastfed infants. These products are not well accepted by most infants long-term or their parents. Suggested alternatives would be canned legumes and other soft protein foods such as chicken, fish and tofu.

We have a few concerns with the proposed changes to the infant formula in the food packages intended for infants. Logistically, the proposed rule to base the calculation for number of cans of powdered formula to issue in a food package on the amount of formula each can will produce according to the manufacturer's mixing directions is a nightmare. The container sizes of powdered formulas have been changing frequently; information about the amount a container produces is not readily available in reference materials and on websites; and participants may be confused even more than by the current varied amounts for different formulas with different container weights.

A second concern with the proposed changes to the infant formula is the amount of infant formula which will be issued to older infants. The amount of infant formula which is proposed to be issued to an older infant is 624 oz. This calculates out to about 20 ounces per day for a formula-fed infant. Many infants will consume an amount greater than this, even with the supplemented fruits, vegetables and cereal. We expect that parents will offer less nutritious



options for an infant, such as additional table food or whole milk, rather than purchase additional infant formula.

Other suggestions we have:

- Bread in our state is not commonly available in 1 or 2 pound sizes; bread is packaged in 1 ½ pound packages. We recommend adjusting the bread allowance to reflect a commonly available packaging size. The adjustment should include modification of the equivalent exchanges allowed for the bread.
- Whole milk should remain an available option for children two-years of age and older and women. Although the standard for these groups should be lower-fat milks, some participants have medical conditions or weight gain/growth concerns for which the issuance of whole milk is appropriate. The current proposed food package would not allow the nutrition professional to provide the most appropriate milk for these participants.
- Consider the inclusion of soy-based cheeses if soy beverage is selected for a woman or child.

Thank you for the opportunity to comment on the proposed regulations. We look forward to the final outcome of this effort to update and improve the food packages for WIC participants.

Sincerely,

Joan Miles  
Director  
Montana Department of Public Health and Human Services  
(Montana WIC Program)

GSA-38

EMAIL 11-06-06 FROM Donna Bister,  
WIC Program Director  
Vermont Department of Health  
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November 6, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive Room 528  
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms Daniels:

The Vermont WIC program supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. We have commented below on some specific proposals. We strongly and enthusiastically support nearly all of the recommendations, and have some suggestions for change in a few areas.

Overall, we feel that the proposed changes will be welcomed by WIC participants. Here in Vermont, there have been some concerns expressed about the reductions proposed in milk, cheese and eggs, as most WIC purchases for these items in Vermont support local producers. However, we believe that WIC participants who currently use the full WIC allotment of these items are likely to purchase additional quantities when the new package is implemented. These items, especially milk and eggs, are relatively low in cost and widely available. The new packages will encourage participants to consume a wider variety of foods, especially some items that they might not now be willing to purchase within a limited food budget.

As you know, Vermont provides the WIC food benefit through home delivery - a benefit greatly appreciated by our largely rural population, particularly when fuel prices are high. We have had preliminary discussions about the new WIC foods with home delivery vendors to prepare them for the possible changes. They are generally supportive of the changes, and have urged us not to abandon our current food delivery system based on the addition of new foods.

### Infant Feeding Options

We strongly support elimination of all complementary foods for infants under the age of six months. This will bring the food package for young infants in line with the current infant feeding practice guidelines of the American Academy of Pediatrics and improve the consistency of nutrition messages that WIC participants hear from WIC staff and their health care providers.

Vermont urges USDA to promote and support international standards for optimal infant nutrition - exclusive breastfeeding for the first six months of life, complementary foods added beginning at six months, and continued breastfeeding for as long as desired by the mother infant pair. We support the provision that would prohibit infant formula in the first month of life for fully breastfed infants.. In Vermont, we rarely need to provide formula to breastfed infants in the first month - in our current caseload of about 1,000 breastfed infants, only eight were provided with powdered formula in the first month. With adequate breastfeeding support, formula supplementation should not be needed. In addition, providing a single can of formula "just in case" undermines our breastfeeding promotion efforts and is the first step in weaning.

We support the provision of complementary baby food fruits and vegetables at six months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants. While we encourage families to make their own baby food, we recognize that convenience is important to our families, and that many families will welcome the addition of these foods to the infant package.

We encourage USDA to include the provision of breast pumps, when needed, as part of the food package for breastfed infants. Current regulations allow States to provide breast pumps under either the food or nutrition services portion of the budget, but defining breast pumps as part of the food package would greatly increase the perceived value of participation for breastfed infants. The IOM report identified the perception of the low monetary value of the food package for breastfed infants as a barrier to continued participation for these infants and their mothers, and the small quantities of baby foods proposed as additions to the package will not change the perception that formula fed babies get a much larger WIC benefit.

### Reconstituted Fluid Ounces

We support the proposal to express the maximum amount of infant formula in reconstituted fluid ounces. Infant formula packaging changes frequently, different brands and types of formula yield different reconstituted quantities.

### Rounding Infant Formula and Infant Foods

The methodology proposed for rounding up quantities of infant formula and infant foods is complex, confusing and administratively burdensome. To minimize participant confusion about the foods they receive, it is important that the quantity be consistent throughout the

issuance period. We support simple rounding up to the next whole container. While this method may slightly increase food package costs over time, it will greatly reduce program management costs associated with MIS system changes, staff education, and monitoring required to implement the proposed methodology. In addition, the complexity of the methodology would give States an incentive to move toward providing infant formula concentrate as the standard form, which is not necessarily in the best interests of the program.

#### Physical Forms of Infant Formula and Medical Foods

We support the increased flexibility proposed for selecting the physical form of infant formulas and medical foods to improve the consumption of these items by participants.

#### Medical Documentation for Food Prescriptions

Vermont supports the requirement for medical documentation for issuing non-contract brand infant formula, exempt infant formula, and medical foods. We also support the requirement that this documentation be maintained in written form, and include the elements described in the proposal (name of formula or medical food, amount needed per day, length of time needed, qualifying condition and signature, date and contact information of the person making the determination).

We encourage FNS to reconsider requiring medical documentation for soy-based beverages and tofu for children, and substitutions of cheese and tofu above the maximum substitution rate. Use of these food items as part of a more varied diet does not require the same close medical supervision needed for medical foods and for infant feeding.

While consulting with health care providers is important, our experience has been that the administrative burden on providers is considerable and a requirement such as this would be viewed as unnecessarily bureaucratic.

#### Fruits and Vegetables

We strongly support providing fruits and vegetables in the WIC food package. We also support the very flexible nature of the fruit and vegetable benefit. Allowing participants the widest possible choice in variety and form will encourage maximum use of the benefit. We concur with the National WIC Association position strongly recommending that the dollar denomination of fruit and vegetable cash-value vouchers and minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

#### Farmers' Markets as WIC Vendors

We support the proposal to include farmers' markets as WIC vendors for WIC fruits and vegetables only. We encourage FNS to allow farmers' markets to qualify as WIC vendors based on enrollment in the WIC Farmers' Market Nutrition Program, instead of requiring them to meet the requirements for full WIC program participation. Most farmers' markets in Vermont are small and seasonal, and requiring them to stock the full WIC food package or to be open year round in order to qualify would effectively bar them from participating. WICFMNP, known as Farm to Family in Vermont, is a very popular program, and we are

eager to expand access to locally grown produce as one method of implementing the fruit and vegetable component of the new food packages.

Some states in the Northeast Region already authorize vendors at different levels - formula-only pharmacies, "limited" vendors who are authorized for only the perishable components of the food package, and fully authorized vendors who can provide any item in the package. Participants are thus encouraged to purchase non-perishable items at larger vendors without compromising their ability to pick up perishable items at smaller local stores. This model has significantly reduced food package costs for these states. A similar model (authorizing farmers' markets for the fruit and vegetable benefit only) could allow participants to purchase locally grown fresh items in season, without undue administrative burdens for State and local agencies or vendors.

#### Whole Grain Options

We strongly support maintaining the sugar limit for cereals at the current level and providing a variety of whole grain options in addition to cereals. In order to accommodate the dietary needs or preferences of certain participants, we support the IOM recommendation to allow States to make substitutions for whole grain cereals containing wheat. We do not support requiring medical documentation for this substitution, as many participants without documented medical need avoid products containing wheat as a dietary preference. We support all of the non-cereal whole grain options proposed.

#### Soy Options

We support the addition of soy options for participants who cannot use dairy products, or who choose to avoid animal products as a dietary preference. As stated earlier in our comments, we do not support requiring medical documentation for these options. Currently, there are no soy products on the market that meet the requirements in the proposal. If the market does not respond rapidly to introduce reasonably priced products that meet these requirements, the requirements will effectively block implementation of the soy options. While WIC purchases large quantities of product, our previous experience has been that the market does not respond quickly when reformulation of products is required. Therefore, we urge USDA to include the option to allow at least some soy products that are currently available.

#### Staff Training and Building Support for Change

USDA specifically requested comments on staff training and building support among staff for these changes. Participants and staff have been asking for food package changes for a long time, and stand ready to make the changes needed to implement the new rule. Some changes in the package, such as limiting milk choices to lower fat varieties for older children and women, will make it easier for staff. Vermont currently limits milk choices by policy, but staff feel obligated to provide higher fat milk on participant request because these choices are allowed in the regulations.

#### State Flexibility

Once implementation is authorized, we strongly urge USDA to allow states the maximum possible flexibility as they implement these sweeping changes. While holding them

accountable for balancing food costs, the Department should allow States to choose a plan for rolling out these complex changes using a strategy and timetable that is most efficient for state operations, least disruptive for WIC vendors, and most effective for the critical local agency work of informing and assisting participants with many changes and more choices.

We strongly urge USDA to allow some state flexibility regarding the design and categorical tailoring of WIC food packages. This will allow the WIC food packages to be adjusted to keep up with new science, research, demographic and emerging health factors, which may be somewhat state-specific or unique to regions. Examples of rapid changes that WIC might need to address in a flexible manner include the influx of large new immigrant populations, unexpected supply issues, or unforeseen and rapid changes in the grocery business. As it is doubtful that regulations could be revised often or quickly enough to keep pace with these changes, the USDA should avoid a rigid approach and allow States to request approved changes if a demonstrated need arises. This includes the allowance of proposals for cultural food accommodations, so states can respond to the changing needs and preferences of their ethnically diverse communities in a timely fashion. Likewise, states need to be given the flexibility to work with vendors and partners to promote maximum number and variety of produce items that are locally accessible, culturally appropriate and affordable.

#### Implementation Timetable

*We do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

The WIC community has asked USDA to make changes in the food package for many years. We have been disappointed that past attempts to improve the food package did not result in real change. Therefore, we urge USDA to move quickly toward making food package changes by publishing an interim rule, so that we can get started on planning for implementation.

That said, changing the food package will touch every aspect of the WIC program - policy, procedure, vendor authorization, training and monitoring, staff training, participant education, MIS systems and more. We also urge USDA to allow maximum flexibility in implementation, including allowing phased implementation rather than requiring the entire change to be implemented within one year of publication of an interim rule. Some changes can be made very quickly but one year may not be a realistic timeframe for full implementation for states with small staffs, with limited program management budgets or complex contracting requirements for MIS system changes.

We look forward to working with USDA, our Vermont local agencies and food vendors implement food package improvements over the next few years. Implementation of the new WIC food package will make healthy food choices easier for many households - even outside of WIC.

Sincerely,  
Donna Bister, Director  
Vermont WIC Program